HILLSBOROUGH COUNTY SHERIFF’S OFFICE

EXPLORER POST #238
MEMBERSHIP APPLICATION
Dear Applicant,

Thank you for your interest in Explorer Post #238. Contained herein is your membership application and additional documents that are necessary for processing your application.

Once you have completed the application, please remit:

Hillsborough County Sheriff’s Office  
Community Outreach Division  
2008 East 8th Avenue  
Tampa, Florida 33605

After your application is received and successful completion of the criminal history/background investigation, you will receive a letter from Explorer Post #238. This letter will provide you information on your Oral Review Board date and time. Those applicants not passing the criminal history/background check will be contacted directly by the Senior Advisor.

Those applicants which are accepted as probationary members will be required to pay a one time, Thirty Dollar ($30.00) registration fee. Checks should be made payable to Explorer Post #238.

Should you have any questions, please do not hesitate to contact the Community Outreach Division at (813) 247-8115.

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>DATE</th>
<th>INITIALS/PID</th>
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<tbody>
<tr>
<td>Orientation Meeting:</td>
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<tr>
<td>Received Application</td>
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</table>

| Screening Process: |      |              |
| Turned in completed Application |      |              |
| Criminal/Background Investigation |      |              |

| Attendance/Participation |      |              |
| Meeting 1 |      |              |
| Meeting 2 |      |              |
| Meeting 3 |      |              |

| Oral Review Board: |      |              |
| Oral Review Board Date |      |              |
| Accepted applicant |      |              |
| Declined applicant |      |              |

<p>| Probationary Period |      |              |
| Turned in $30.00 registration fee |      |              |
| Probationary period start date |      |              |
| Probationary period end date |      |              |</p>
<table>
<thead>
<tr>
<th>Page</th>
<th>FORM TITLE</th>
<th>REQUIRED SIGNATURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Membership Packet Introduction</td>
<td>None</td>
</tr>
<tr>
<td>4</td>
<td>Applicant Personal Information</td>
<td>None</td>
</tr>
<tr>
<td>5</td>
<td>Applicant Education/Criminal History</td>
<td>None</td>
</tr>
<tr>
<td>6</td>
<td>Applicant Employment/Other</td>
<td>None</td>
</tr>
<tr>
<td>7</td>
<td>Applicant Certification</td>
<td>Applicant/Guardian</td>
</tr>
<tr>
<td>8</td>
<td>Family History – Mother/Guardian</td>
<td>Mother/Guardian</td>
</tr>
<tr>
<td>10</td>
<td>Family History – Father/Guardian</td>
<td>Father/Guardian</td>
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<tr>
<td>12-14</td>
<td>Medical Profile</td>
<td>Parent/Guardian</td>
</tr>
<tr>
<td>15</td>
<td>Authorization for Medical Treatment</td>
<td>Parent/Guardian &amp; <strong>NOTARIZED</strong></td>
</tr>
<tr>
<td>16</td>
<td>General Release / Photo Release</td>
<td>Parent/Guardian &amp; <strong>NOTARIZED</strong></td>
</tr>
<tr>
<td>17</td>
<td>Confidentiality Disclosure</td>
<td>Applicant</td>
</tr>
<tr>
<td>18</td>
<td>School Grades Form</td>
<td>Applicant</td>
</tr>
<tr>
<td>19</td>
<td>Code of Conduct Acknowledgment</td>
<td>Applicant</td>
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<tr>
<td>20-21</td>
<td>Code of Conduct</td>
<td>Applicant keeps for his/her records</td>
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<td></td>
<td><strong>APPLICANT TO SUBMIT</strong></td>
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<tr>
<td></td>
<td>Copy of Applicant ID Card or DL</td>
<td>Applicant/Guardian</td>
</tr>
<tr>
<td></td>
<td>Copy of Insurance Card (both sides)</td>
<td>Applicant/Guardian</td>
</tr>
<tr>
<td></td>
<td>Copy of most current report card</td>
<td>Applicant/Guardian</td>
</tr>
</tbody>
</table>

*This application must be typed or completed using **black ink only**.

*All areas of the application must be completed. Those areas of the application that do not apply should be completed by writing N/A or Not Applicable in the respective sections.

*Due to the close relationship of the Hillsborough County Sheriff’s Office to Explorer Post #238, it is necessary to thoroughly screen all applicants. A criminal history/background investigation will be conducted on all applicants and their parents/guardians.
Application for Membership

Personal Information

Name: ________________________________

Home Address: ________________________________

Mailing Address: ________________________________

Age: _______ Date of Birth: _______ Month, Day, Year

Race: _______ Sex: _______

Height: _______ Weight: _______ Hair Color: _______ Eye Color: _______

Place of Birth: ____________________________

Social Security Number: ____________________

Are you a U.S. citizen by birth or naturalized?

IF NATURALIZED LIST: CITY, STATE, AND DATE

Have you ever changed your name or used any aliases? Yes □ No □

If you answered YES, list each full name used, the time period used, location and reason for use:

Education

Are you currently enrolled in school or educational program? YES OR NO

School Name: ____________________________

Telephone Number: ________________________

School Address: ____________________________

(Address, City, State, Zip Code)

Current Grade Level: ________________________

Current Grade Point Average: __________

Have you ever had any disciplinary problems while attending school? YES OR NO

If you answered YES, describe the incident(s) in detail including the date and school:

________________________________________

________________________________________

________________________________________

________________________________________

02/07/2022
**Applicant Criminal History**

Have you ever been arrested, charged or received a notice or summons to appear for any criminal violation?: Yes □  No □

If you answered YES, Describe the incident(s) in detail:

________________________________________________________________________________________

________________________________________________________________________________________

Have you ever been convicted of a felony? Yes □  No □

If you answered YES, Describe the incident(s) in detail including charge status, date, jurisdiction, and case number:

________________________________________________________________________________________

________________________________________________________________________________________

Have you ever had a criminal record expunged or sealed? Yes □  No □

If you answered YES, describe the incident(s) in detail including charge status, date, jurisdiction, and case number:

________________________________________________________________________________________

________________________________________________________________________________________

Have you ever been detained by any law enforcement officer/agency for investigative purposes or to your knowledge have you ever been a suspect in a criminal investigation? Yes □  No □

If you answered YES, describe the incident(s) in detail including date, agency, and case number if applicable:

________________________________________________________________________________________

________________________________________________________________________________________

Have you ever been fingerprinted for any reason? Yes □  No □

If you answered YES to “Have you ever been fingerprinted for any reason?” Describe in detail:

________________________________________________________________________________________

________________________________________________________________________________________

Have you ever used or are you currently using any illegal drugs? Yes □  No □

If you answered YES, what type, how frequently and when did you last use it?

________________________________________________________________________________________

________________________________________________________________________________________
**Applicant Employment Information**

Are you currently employed? Yes ☐ No ☐

If you answered YES, complete the below employment section:

- **Company Name:**
- **Date of Employment:**
- **Supervisor’s Name:**
- **Telephone:**
- **Address:** (Address, City, State, Zip Code)

What is your job title?

What are your job duties?

**Other Information**

Will you be able to attend all meetings and details? Yes ☐ No ☐

If you answered NO, describe in detail any schedule conflicts or planned events:

________________________________________

________________________________________

________________________________________

Do you have any physical/health conditions that would prevent you from participating in strenuous activities? Yes ☐ No ☐

If you answered YES, describe your physical/health condition and its limitations:

________________________________________

________________________________________

________________________________________

________________________________________

Additional Information (please use this space to list any other information not already listed in the application that would be pertinent):

________________________________________

________________________________________

________________________________________
Applicant Certification

I understand that my appointment will be contingent upon the results of a complete criminal history/background investigation. I am aware that any omission, falsification or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Hillsborough County Sheriff’s Office Law Enforcement Exploring Program. I agree to the condition and certify that all statements made by me on this application are true and accurate.

I agree to conform to the rules, regulations and orders of the Hillsborough County Sheriff’s Office Law Enforcement Exploring Program and acknowledge that these rules, regulations, and orders may be changed, interpreted, withdrawn or added to by the Sheriff’s Office, at its discretion, at any time without any prior notice to me.

Signature: ___________________________ Date: ____________

APPLICANT SIGNATURE

*Signature: ___________________________ Date: ____________

PARENT/GUARDIAN SIGNATURE

*If applicant is 17 years of age or younger, parent/guardian signature is required in addition to applicant.
Family History
Mother/Guardian

Name: ____________________________________________

Home Address: ______________________________________

Mailing Address: _____________________________________

Work Address: _______________________________________

Home Telephone: __________________________ Cellular Telephone: ________________________

Work Telephone: __________________________ Alternate Telephone: ________________________

E-Mail Address: ____________________________________

Date of Birth: __________ Place of Birth: ____________

MONTH, DAY, YEAR CITY, STATE

Race: __________________________ Social Security Number: _____________________________

Mother/Guardian Criminal History

Have you ever changed your name or used any aliases? Yes ☐ No ☐

If you answered YES, list each full name used, the time period used, location and reason for use:
________________________________________________________

Have you ever been arrested, charged or received a notice or summons to appear for any criminal violation?: Yes ☐ No ☐

If you answered YES, describe the incident(s) in detail:
________________________________________________________

________________________________________________________

Have you ever been convicted of a felony? Yes ☐ No ☐

If you answered YES, describe the incident(s) in detail including charge status, date, jurisdiction, and case number:
________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

02/07/2022
Have you ever had a criminal record expunged or sealed? Yes ☐ No ☐

If you answered YES, describe the incident(s) in detail including charge status, date, jurisdiction, and case number:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Have you ever been detained by any law enforcement officer/agency for investigative purposes or to your knowledge have you ever been a suspect in a criminal investigation? Yes ☐ No ☐

If you answered YES, describe the incident(s) in detail including date, agency, and case number if applicable:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Have you ever been fingerprinted for any reason? Yes ☐ No ☐

If you answered YES, describe in detail:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

I, the undersigned certify that the information provided is true and accurate. Furthermore, I authorize criminal history/background check to be conducted as part of this application process.

Signature: _______________________________ Date: _______________________________

MOTHER/GUARDIAN SIGNATURE

Mother/Guardian Certification

I certify that I am the legal guardian of the applicant and I understand that the applicant’s appointment will be contingent upon the results of a complete criminal history/background investigation. I am aware that any omission, falsification or misrepresentation may be the basis for the applicant’s disqualification as an applicant or dismissal from the Hillsborough County Sheriff’s Office Law Enforcement Exploring Program. I agree to the condition and certify that all statements made by me on this application are true and accurate.

Signature: _______________________________ Date: _______________________________

MOTHER/GUARDIAN SIGNATURE
**Family History**  
*Father/Guardian*

<table>
<thead>
<tr>
<th><strong>Name:</strong></th>
<th>[FIRST, MIDDLE, LAST]</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home Address:</strong></td>
<td>[ADDRESS, CITY, STATE, ZIP CODE]</td>
</tr>
<tr>
<td><strong>Mailing Address:</strong></td>
<td>[ADDRESS, CITY, STATE, ZIP CODE]</td>
</tr>
<tr>
<td><strong>Work Address:</strong></td>
<td>[ADDRESS, CITY, STATE, ZIP CODE]</td>
</tr>
<tr>
<td><strong>Home Telephone:</strong></td>
<td>[ ]</td>
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<tr>
<td><strong>Cellular Telephone:</strong></td>
<td>[ ]</td>
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<tr>
<td><strong>Work Telephone:</strong></td>
<td>[ ]</td>
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<tr>
<td><strong>Alternate Telephone:</strong></td>
<td>[ ]</td>
</tr>
<tr>
<td><strong>E-Mail Address:</strong></td>
<td>[ ]</td>
</tr>
</tbody>
</table>

| **Date of Birth:** | [MONTH, DAY, YEAR] |
| **Place of Birth:** | [CITY, STATE] |
| **Race:** | [ ] |
| **Social Security Number:** | [ ] |

**Father/Guardian Criminal History**

Have you ever been arrested, charged or received a notice or summons to appear for any criminal violation?: **Yes [ ] No [ ]**

If you answered **YES**, describe the incident(s) in detail:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Have you ever been convicted of a felony? **Yes [ ] No [ ]**

If you answered **YES**, describe the incident(s) in detail including charge status, date, jurisdiction, and case number:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Have you ever had a criminal record expunged or sealed? **Yes [ ] No [ ]**

If you answered **YES**, describe the incident(s) in detail including charge status, date, jurisdiction, and case number:

_________________________________________________________________
_________________________________________________________________
Have you ever been detained by any law enforcement officer/agency for investigative purposes or to your knowledge have you ever been a suspect in a criminal investigation? Yes ☐ No ☐

If you answered YES to “Have you ever been detained by any law enforcement officer/agency for investigative purposes or to your knowledge have you ever been a suspect in a criminal investigation?”, describe the incident(s) in detail including date, agency, and case number if applicable:

__________________________________________________________________________

__________________________________________________________________________

Have you ever been fingerprinted for any reason? Yes ☐ No ☐

If you answered YES to “Have you ever been fingerprinted for any reason?”, describe in detail:

__________________________________________________________________________

__________________________________________________________________________

I, the undersigned certify that the information provided is true and accurate. Furthermore, I authorize criminal history/background check to be conducted as part of this application process.

Signature: ___________________________ Date: ___________________________

FATHER/GUARDIAN SIGNATURE

Father/Guardian Certification

I understand that the applicant’s appointment will be contingent upon the results of a complete criminal history/background investigation. I am aware that any omission, falsification or misrepresentation may be the basis for the applicant’s disqualification as an applicant or dismissal from the Hillsborough County Sheriff’s Office Law Enforcement Exploring Program. I agree to the condition and certify that all statements made by me on this application are true and accurate.

Signature: ___________________________ Date: ___________________________

PARENT/GUARDIAN SIGNATURE
HILLSBOROUGH COUNTY SHERIFF’S OFFICE
EXPLORER POST #238

Medical Profile

Name: 

Home Address: 

Home Telephone: 

Cellular Telephone: 

Age: Date of Birth: Race: Sex: 

Height: Weight: Hair Color: Eye Color: 

Place of Birth: Social Security #: 

Emergency Contact Information

Mother/Guardian

Name: 

Home Address: 

Mailing Address: 

Work Address: 

Home Telephone: Cellular Telephone: 

Work Telephone: Social Security #: 

Father/Guardian

Name: 

Home Address: 

Mailing Address: 

Work Address: 

Home Telephone: Cellular Telephone: 

Work Telephone: Social Security #: 

02/07/2022
Are you subject (past or present) to any of the following conditions?

<table>
<thead>
<tr>
<th>Past</th>
<th>Present</th>
<th>Medical Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td>Heart Disease</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Heart Attack</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stroke</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chest Pain / Palpitations</td>
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<tr>
<td></td>
<td></td>
<td>High Blood Pressure</td>
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<td>Thyroid Disorder</td>
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<td></td>
<td></td>
<td>Diabetes</td>
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<td>Epilepsy/Seizures</td>
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<td>Asthma</td>
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<td></td>
<td></td>
<td>Headaches</td>
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<td></td>
<td></td>
<td>Hearing Problems</td>
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<td>Vision Problems</td>
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<td></td>
<td></td>
<td>Broken Bones</td>
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<td></td>
<td></td>
<td>Back Injuries</td>
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<td></td>
<td></td>
<td>Neck Injuries</td>
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<tr>
<td></td>
<td></td>
<td>Knee Injuries</td>
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<tr>
<td></td>
<td></td>
<td>Drug Reactions</td>
</tr>
</tbody>
</table>

Do you have any other medical conditions (past or present) which were not listed above? Yes ☐ No ☐

If you answered YES, describe in detail:

________________________________________________________________________________________

________________________________________________________________________________________

Does anyone in your family have any history of any of the above listed medical conditions (past or present)? Yes ☐ No ☐

If you answered YES, describe in detail:

________________________________________________________________________________________

________________________________________________________________________________________

List any allergies or other medical conditions the Hillsborough County Sheriff’s Office should be aware of:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
List any medication(s) currently prescribed.

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<thead>
<tr>
<th>MEDICATION</th>
<th>CONDITION</th>
<th>DOSAGE</th>
<th>FREQUENCY</th>
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</table>

Primary Care Physician: __________________________ Telephone: __________________________

Address: __________________________________________

Insurance Provider: __________________________ Policy Number: __________________________

*Required: attach a copy of your current insurance card (front & back) with this Medical Profile form.

Certification

I certify that the information provided herein as part of the Medical Profile is true and accurate. Furthermore, I certify that the listed Explorer does meet the health and physical fitness requirements of the Hillsborough County Sheriff’s Office Law Enforcement Exploring Program. I agree to provide immediately, any changes in the Explorer’s medical profile and/or contact information. Updated information shall be communicated in the form of an updated Medical Profile form and provided to the Senior Advisor.

Signature: __________________________ Date: __________________________

APPLICANT SIGNATURE

Signature: __________________________ Date: __________________________

PARENT/GUARDIAN SIGNATURE

*Signature: __________________________ Date: __________________________

PARENT/GUARDIAN SIGNATURE

*If applicant is 17 years of age or younger, parent/guardian signature is required in addition to applicant.


**Authorization for Medical Treatment**

I, the undersigned, as parent/legal guardian of the listed minor child hereby request that the Hillsborough County Sheriff’s Office notify, if possible, the person(s) listed on the Medical Profile in the event of illness, injury, or medical emergency. In the event the listed person(s) cannot be reached or if the listed minor child requires immediate medical treatment, I hereby authorize the Hillsborough County Sheriff’s Office, specifically Sheriff’s Office Personnel to include sworn and civilian, to seek immediate medical treatment, to include transportation by ambulance if necessary, of the listed minor child to a medical treatment facility. Additionally, I authorize the Hillsborough County Sheriff’s Office, Sheriff’s Office Personnel to include sworn and civilian, to consent on my behalf to any medication, x-ray examination, anesthetic, injection, medical or surgical diagnosis or treatment, to include any medical procedure and or hospital care deemed necessary or advisable by Certified Emergency Personnel (first responder, emergency medical technician, paramedic) and or licensed physician, to eliminate said medical condition or medical emergency for the listed minor child.

I do hereby agree to be financially responsible for any medical treatment to include transportation, not covered by the Boy Scouts of America, Explorer Group Policy, or other privately subscribed insurance.

**Minor Child:**

**Date of Birth:**

**Signature:**

**Date:**

**Printed Name:**

**NOTARY SEAL**

Signed before me this _______ day of ________, 20____

Signature, Notary Public, State of Florida at Large

My Commission Expires

[ ] Personally Known or [ ] Produced Identification

Type of identification produced:

02/07/2022
HILLSBOROUGH COUNTY SHERIFF’S OFFICE
EXPLORER POST #238

General Release

For, and in consideration of, the privilege of observing law enforcement operations and for other good and valuable consideration, I, the undersigned, and/or as the parent or guardian of the listed minor child hereby release the Hillsborough County Sheriff’s Office, its employees, agents, or any other person, from any and all liability for personal injuries, death, or other damages, causes of action, at law or equity arising from any means or in any way due to my relationship, with the Hillsborough County Sheriff’s Office in connection with any activity of Explorer Post #238.

Photo/Video Release

I hereby irrevocable and for perpetuity consent to and authorize the use and reproduction of any and all photographs, videotape, and audio recordings taken of me, my children and/or my guests for use by the Hillsborough County Sheriff’s Office Law Enforcement Exploring Program for use in public education and promotional products. I understand that this consent is given without expectation of compensation to me, and that all photographs and recordings shall become property of the Hillsborough County Sheriff’s Office.

Minor Child: Date of Birth:

Signature: Date:

Printed Name:

NOTARY SEAL

Signed before me this ______ day of ______, 20____

Signature, Notary Public, State of Florida at Large My Commission Expires

☐ Personally Known or ☐ Produced Identification
Type of identification produced:

02/07/2022
Confidentiality Disclosure

I do hereby swear or affirm that any and all information I learn, or am exposed to as a member of the Hillsborough County Sheriff’s Office Explorer Post #238, will be held in the strictest of confidence by me. I understand that I may be privy to information which may be sensitive or confidential in nature, and that some information should not be divulged to the general public.

Furthermore, I understand that the Post Advisor or designee may dismiss me (without recourse) if I divulge any information that I knew to be of a sensitive or confidential nature to anyone outside the law enforcement community.

Applicant Signature: ___________________________ Date: ____________

FIRST, MIDDLE, LAST MONTH, DAY, YEAR
Academic Eligibility

Explorer Applicant: ___________________________ Date: ___________________________

Dear Teachers:

The above named student has submitted an application for, or is currently a member of the Hillsborough County Sheriff’s Office Explorer Post #238. According to our By-Laws, applicants and members must maintain an overall grade point average (GPA) of a 2.0 on a 4.0 grading scale, or an overall “C”, in order to be accepted or remain in Explorer Post #238.

Please provide the following information, which will aid in evaluating the listed student’s academic standing.

<table>
<thead>
<tr>
<th>COURSE</th>
<th>GRADE</th>
<th>SIGNATURE</th>
<th>DATE</th>
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</tbody>
</table>

Thank you for your time and cooperation in this matter. Should you have additional comments concerning the listed students’ academic performance, I may be contacted at 813-247-0928 or jodom@hcso.tampa.fl.us

Sincerely,

Explorer Advisors
Hillsborough County Sheriff’s Office

☐ A copy of applicants' current report card is submitted in lieu of this form

02/07/2022
HILLSBOROUGH COUNTY SHERIFF’S OFFICE EXPLORER POST #238
TRAVEL AND POST ACTIVITY

Code of Conduct

STATEMENT OF ACKNOWLEDGMENT
FOR RECEIVING AND UNDERSTANDING

I have read the attached rules concerning the Post #238 Code of Conduct that is required of me. I will conduct myself in a manner that reflects credit on me, the post, and the Hillsborough County Sheriff’s Office.

Failure to abide by the rules as listed will subject me to disciplinary action as described above and contained in the Post SOP and By-Laws.

My parent(s) or legal guardian has read this Code of Conduct and by signing below understand the conduct required of me and the punitive action that may be taken against me should I be found to be in violation.

Further, my parent(s) or legal guardian also understand that should my action warrant, they will be required to pick me up, REGARDLESS OF THE TIME OF DAY OR NIGHT, OR LOCATION.

If payment has been made in full for the activity, NO REFUND WILL BE ISSUED. If partial payment for an activity has already been made, then the balance due for that activity WILL BE PAID TO THE POST IN FULL.

If I am 18 years of age or older, I agree to abide by these rules and be under the control of the Post Advisor(s). I understand that I will not attend any outside Post activities without my parents and my signature on this Code of Conduct Form.

*If applicant is 17 years of age or younger, parent/guardian signature is required in addition to applicant.

Explorer/Applicant: ___________________________ Date: ____________

Signature: ___________________________ Date: ____________

02/07/2022
HILLSBOROUGH COUNTY SHERIFF'S OFFICE EXPLORER POST #238
TRAVEL AND POST ACTIVITY

Code of Conduct

No Post Member will be allowed to go on any Post Activity without signing this form and having it signed by their parent/guardian if under 18. If the post member is 18 or older, they will sign this form and ALL POST MEMBERS will agree to all rules and regulations, either WRITTEN OR VERBAL.

1. The Post will go to any event, function, activity as a group unless otherwise directed. If the event is a Florida Sheriff's Explorer Meeting, then attendance will be required at the time indicated on the schedule for that event. If the Post has free time and wishes to go to a mall or similar outside location, then the Post Members present will take a vote to determine what outside activity will be attended. The MAJORITY VOTE of the Post determines where the Post goes or what activity it attends. Advisor(s) will make the final determination in the best interests of the Post if needed.

2. Whenever the Post participates in an outside activity, all Explorers will go in at least pairs, if not three (3) or more persons. AT NO TIME will any Explorer go off by themselves, unless they have obtained permission of the Senior Advisor present. Any Explorer found to be absent without permission of the above stated advisor will be subject to IMMEDIATE disciplinary measures.

3. ALL Explorers of Post #238, youth considering joining this Post and visitors from other Posts, will all be under the direct control of the Senior Advisor present. The Associate Advisor will act as the Senior Advisor in his/her absence.

4. Curfew will be set by the jurisdiction where the Explorer's are visiting and/or the Post #238 Advisor. No Explorer will be allowed out of their room unless accompanied by an Advisor. i.e. If a post pizza party ends after curfew, all Explorers will be escorted to their rooms by an Advisor.

5. Any Explorer discovered out of his/her assigned room after curfew will be suspended for a period of NOT LESS than one (1) MONTH. This suspension pertains to ALL POST ACTIVITIES. The offender will be EXCLUDED from ALL F.S.E.A. meetings or activities for a period of at least five (5) months. If the Explorer is an officer, he/she will be demoted and will not be allowed to gain rank for a period of at least six (6) months. The Advisor(s) shall have the right to grant exceptions as the needs of the Post or the F.S.E.A. have to be met.

6. No member of the opposite sex will be allowed in any Post #238 rooms without an advisor present. If a member of Post #238 wants to visit a member of the opposite sex, from another Post, in their motel/ hotel room or under any rooming condition, they must first obtain the permission of a Post #238 Advisor AND the Advisor of the Post Member they want to visit. They will also visit with an Advisor present.

7. If a dance is held, ALL EXPLORERS will attend unless excused by an Advisor. NO MEMBER of the Post will leave the dance area without permission of the Advisor present.
8. No public display of affection. Use appropriate behavior at all times.

9. Any vandalism to any explorer property, post property, hotel, motel, or meeting place property, SHALL BE PAID FOR BY THOSE RESPONSIBLE. If those responsible will not admit to the act, then the whole cabin, room, or Post will pay for the damages. Post funds will not be used.

10. An Explorer Officer, if possible, shall be put in charge of each room or cabin. That Explorer shall be held responsible for the actions of their roommates. That responsibility shall include room key assignments and discipline. The Explorer in charge of each room shall act as the key holder. In the event there are two (2) keys issued, the Explorer in charge of the room shall issue the second key and will be held responsible to return ALL keys to the Advisor at the completion of the event. Each roommate should check and make sure their rooms are locked when they leave, even for just a few minutes.

11. The purchase, possession, or consumption of alcoholic beverages or illegal drugs by any Explorer or guest is strictly prohibited at ALL POST ACTIVITIES.

12. Each Explorer will conduct themselves in a manner that reflects pride and a good image on themselves, the Post, and most importantly the SHERIFF'S OFFICE. Conduct unbecoming an Explorer as outlined in the SOP and By-Laws will not be tolerated in any way.

13. Explorers shall also wear appropriate attire at all times (school wear). No “Big Johnson” T-shirts or anything that promotes alcohol, tobacco, or sex. Designated training uniforms shall not be modified in any way. i.e. rolled up sleeves, waist or pant’s leg. Bathing suits for females can be either one or two piece, in good taste. Any Advisor finding an Explorer dressed inappropriately may either ask the Explorer to cover up, change, or they may approach that Explorer’s Advisor.

14. Our Post Explorers are responsible to oversee the behavior of their guests at all Post activities.

15. Any disciplinary problem that arises on any trip will be dealt with at the time it occurs if possible. If, in the opinion of the Senior Advisor present, the disciplinary problem is severe, THE EXPLORER’S PARENTS WILL BE NOTIFIED IMMEDIATELY AND TOLD TO PICK UP THEIR SON/DAUGHTER IMMEDIATELY REGARDLESS OF THE TIME OF DAY OR NIGHT OR LOCATION.

16. If an Explorer should violate the above rules, the Post SOP or By-Laws, he/she shall be subject disciplinary measures as outlined in the Post By-Laws or as dictated by the Senior Advisor: