



**HILLSBOROUGH COUNTY  
SHERIFF'S OFFICE**

**CHAD CHRONISTER, SHERIFF**

***EXPLORER POST #238***  
***MEMBERSHIP APPLICATION***

HILLSBOROUGH COUNTY SHERIFF'S OFFICE  
EXPLORER POST #238

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. Please read and fill out this application in it's entirety.

Once you have completed the application, please mail to:

*Hillsborough County Sheriff's Office  
Community Outreach Division  
Attn: Explorer Post #238  
1501 N. Falkenburg Rd,  
Tampa, FL, 33619*

After your application is received and successful completion of the criminal history/background investigation, you will receive an email from Explorer Post #238. Those applicants not passing the criminal history/background check will be contacted directly by the Senior Advisor.

Once accepted as a probationary member, you will be required to pay a one-time, non-refundable, fifty-dollar (\$50.00) Explorer Post #238 registration fee. Checks should be made payable to HCSO Charities, Inc.

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

HILLSBOROUGH COUNTY SHERIFF'S OFFICE  
EXPLORER POST #238

**MEMBERSHIP PACKET**

**Failure to follow the below instructions in their entirety or failure to include all necessary documents can delay or disqualify your application from approval.**

- 1) This application must be typed or written using **black ink** only. Please ensure handwriting is legible.
- 2) All areas of the application must be completed. **Any areas of the application that do not apply should be completed by writing N/A or Not Applicable** in the respective sections.
- 3) Please ensure **all** the documents are attached. See the check list below for the signature and forms needed.
- 4) If applicant is under the age of 18 years old, a parent/guardian signature must be present on all pages requesting a signature. See the check list below for the page numbers that need signatures.
- 5) Communication regarding your application can occur via email and phone. Please provide email addresses and phone numbers that are active and you frequently use.
- 6) Due to the close relationship of Explorer Post #238 to the Hillsborough County Sheriff's Office, a criminal history/background investigation will be conducted on all applicants and their parents/guardians.

Page	FORM TITLE	WHAT IS REQUIRED
7	Applicant Certification	Applicant/Guardian signature
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11	Family History – Father/Guardian	Father/Guardian signature
14	Medical Profile	Applicant/Guardian signature
15	Authorization for Medical Treatment	Signatures & <b>notarized</b>
16	General Release / Photo Release	Signatures & <b>notarized</b>
17	Confidentiality Disclosure	Applicant/Guardian signature
18	Academic Eligibility	Applicant/Guardian signature
19	Attachments / Essay	Attach all items
20	Code of Conduct Acknowledgment	Applicant/Guardian signatures
21	Code of Conduct	Applicant keeps for their records

HILLSBOROUGH COUNTY SHERIFF'S OFFICE  
EXPLORER POST #238

Application for Membership

**Personal Information**

Name: \_\_\_\_\_  
FIRST, MIDDLE, LAST

Home Address: \_\_\_\_\_  
ADDRESS, CITY, STATE, ZIP CODE

Mailing Address: \_\_\_\_\_  
ADDRESS, CITY, STATE, ZIP CODE

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Text: Y or N

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
MONTH, DAY, YEAR

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
FEET-INCHES POUNDS

Place of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you a U.S. citizen by birth or naturalized? \_\_\_\_\_  
IF NATURALIZED LIST: CITY, STATE, AND DATE

E-Mail Address: \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ***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:

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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:

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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:

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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:

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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:

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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?

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***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:

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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:

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

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***Applicant Certification***

I understand that my membership 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:

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APPLICANT SIGNATURE

Signature:

Date:

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PARENT/GUARDIAN SIGNATURE

**Family History  
Mother/Guardian**

Name: \_\_\_\_\_  
FIRST, MIDDLE, LAST

Home Address: \_\_\_\_\_  
ADDRESS, CITY, STATE, ZIP CODE

Mailing Address: \_\_\_\_\_  
ADDRESS, CITY, STATE, ZIP CODE

Work Address: \_\_\_\_\_  
ADDRESS, CITY, STATE, ZIP CODE

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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:

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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:

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Have you ever been fingerprinted for any reason? Yes  No

If you answered YES, describe in detail:

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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**

Name: \_\_\_\_\_  
FIRST, MIDDLE, LAST

Home Address: \_\_\_\_\_  
ADDRESS, CITY, STATE, ZIP CODE

Mailing Address: \_\_\_\_\_  
ADDRESS, CITY, STATE, ZIP CODE

Work Address: \_\_\_\_\_  
ADDRESS, CITY, STATE, ZIP CODE

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: \_\_\_\_\_

**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:

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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:

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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:

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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: \_\_\_\_\_  
FIRST, MIDDLE, LAST

Home Address: \_\_\_\_\_  
ADDRESS, CITY, STATE, ZIP CODE

Home Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
MONTH, DAY, YEAR

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
FEET-INCHES POUNDS

Place of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Emergency Contact Information**

**Mother/Guardian**

Name: \_\_\_\_\_  
FIRST, MIDDLE, LAST

Home Address: \_\_\_\_\_  
ADDRESS, CITY, STATE, ZIP CODE

Mailing Address: \_\_\_\_\_  
ADDRESS, CITY, STATE, ZIP CODE

Work Address: \_\_\_\_\_  
ADDRESS, CITY, STATE, ZIP CODE

Home Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Father/Guardian**

Name: \_\_\_\_\_  
FIRST, MIDDLE, LAST

Home Address: \_\_\_\_\_  
ADDRESS, CITY, STATE, ZIP CODE

Mailing Address: \_\_\_\_\_  
ADDRESS, CITY, STATE, ZIP CODE

Work Address: \_\_\_\_\_  
ADDRESS, CITY, STATE, ZIP CODE

Home Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Are you subject (past or present) to any of the following conditions?

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

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

If you answered YES, describe in detail:

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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:

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

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List any medication(s) currently prescribed.

MEDICATION	CONDITION	DOSAGE	FREQUENCY

Primary Care Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
ADDRESS, CITY, STATE, ZIP CODE

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 applicant does meet the health and physical fitness requirements of the Hillsborough County Sheriff's Office Law Enforcement Exploring Program. I agree to immediately provide any changes in the applicant'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

HILLSBOROUGH COUNTY SHERIFF'S OFFICE  
EXPLORER POST #238

***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.

Applicant (printed name): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
FIRST, MIDDLE, LAST MONTH, DAY, YEAR

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
APPLICANT SIGNATURE

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
IF APPLICANT IS A MINOR

**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: \_\_\_\_\_

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, it's 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.

Applicant (printed name): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
FIRST, MIDDLE, LAST MONTH, DAY, YEAR

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
APPLICANT SIGNATURE

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
IF APPLICANT IS A MINOR

**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: \_\_\_\_\_



HILLSBOROUGH COUNTY SHERIFF'S OFFICE  
EXPLORER POST #238 ACTIVITY

**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 Printed name: \_\_\_\_\_ Date: \_\_\_\_\_  
FIRST, MIDDLE, LAST MONTH, DAY, YEAR

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
APPLICANT SIGNATURE MONTH, DAY, YEAR

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE MONTH, DAY, YEAR

HILLSBOROUGH COUNTY SHERIFF'S OFFICE  
EXPLORER POST #238

***Academic Eligibility***

According to our Explorer Post #238 By-Laws, applicants and members must maintain an overall grade point average (GPA) of a 2.5 on a 4.0 grading scale, or an overall "C", to be eligible for membership in Explorer Post #238.

Please attach a copy of your most recent report card issued by your school. Once accepted into Explorer Post #238, you will be required to submit a quarterly report card. Failure to maintain at least a 2.5 GPA can result in removal from the program.

Signature: \_\_\_\_\_

APPLICANT SIGNATURE

Date: \_\_\_\_\_

MONTH, DAY, YEAR

Signature: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE

Date: \_\_\_\_\_

MONTH, DAY, YEAR

HILLSBOROUGH COUNTY SHERIFF'S OFFICE  
EXPLORER POST #238

**ATTACHMENTS**

Please ensure each document / item listed below is attached to this application. Failure to include any of the following items could result in a delay or disqualification of application.

- Copy of applicant's driver's license, identification card, **or** head shot photograph (if DL/ID is not available)
- Copy of front and back of applicant's medical insurance card
- Copy of applicant's most recent report card
- Essay (please see below for essay instructions)

**ESSAY INSTRUCTIONS**

Please follow below the below guidelines when writing / submitting your essay. Failure to follow the format could result in disqualification of application.

- Essay must be typed on a separate piece of paper and attached to application
- Typed in black ink
- Limit of 450-500 words
- **Essay topic:** Explain why you want to join Explorer Post #238 and why you would be a positive and productive member of our Post.

HILLSBOROUGH COUNTY SHERIFF'S OFFICE EXPLORER POST #238

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 program, 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 Explorer #238 SOP and Explorer Post #238 By-Laws.

My parent(s) or legal guardian have 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 Post 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.

I understand that I will not attend any Post activities without my parents and my signature on this Code of Conduct Form.

Signature:

APPLICANT SIGNATURE

Date:

MONTH, DAY, YEAR

Signature:

PARENT/GUARDIAN SIGNATURE

Date:

MONTH, DAY, YEAR

HILLSBOROUGH COUNTY SHERIFF'S OFFICE EXPLORER POST #238  
POST ACTIVITY

***Code of Conduct***

Please review the below Explorer Post #238 Code of Conduct, once read and understood, please sign the Code of conduct acknowledgment form.

*Remove this Code of Conduct from the application and keep for your records.*

1. All Explorers of Post #238 and youth considering joining this Post will be under the direct supervision of the Advisor present.
2. No public display of affection. Explorers must display appropriate behavior at all times.
3. Any vandalism to any Explorer property, club property, or meeting place property, SHALL BE PAID FOR BY THOSE RESPONSIBLE. If those responsible will not admit to the act, then the whole club will pay for the damage. Explorer funds will not be used.
4. The purchase, possession, or consumption of alcoholic beverages or illegal drugs by any Explorer is strictly prohibited.
5. Each Explorer will conduct themselves in a manner that reflects pride and a good image on themselves, the club, and the Hillsborough County Sheriff's Office. Conduct unbecoming as outlined in the Explorer Standard Operating Procedure and Explorer #238 By-Laws will not be tolerated and could lead to removal from the program.
6. Explorers shall wear appropriate attire at all times. No clothing promoting alcohol, tobacco, drug use, or sex is permitted. No tank tops, shirts that show the midriff, skirts, or dresses are permitted.
7. Designated training uniforms shall be worn during meetings and/or Post activities only and not be modified in any way.
8. Any disciplinary issue that arises at a Post meeting will be dealt with at the time it occurs, if possible. If, in the opinion of the Senior Advisor present, the situation 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.
9. Bullying, of any type, will not be tolerated and is subject to removal from the program.
10. The possession of any weapons during Explorer Club meetings and/or activities is strictly prohibited.
11. If an Explorer should violate the above rules, the Explorer SOP or By-Laws, he/she shall be subject to disciplinary measures as outlined in the Club By-Laws or as dictated by the Senior Advisor.