

HILLSBOROUGH COUNTY SHERIFF'S OFFICE



EXPLORER CLUB #238 ***MEMBERSHIP APPLICATION***

Dear Applicant,

Thank you for your interest in Explorer Club #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
10119 Windhorst 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 Club #238. 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, non-refundable, thirty dollar (\$30.00) registration fee. Checks should be made payable to Explorer Club #238.

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

| DESCRIPTION | DATE | INITIALS/ PID |
|--|------|------------------|
| <i>Orientation Meeting:</i> | | |
| Received Application | | |
| <i>Screening Process:</i> | | |
| Turned in completed Application | | |
| Criminal/Background Investigation | | |
| <i>Attendance/Participation</i> | | |
| Meeting 1 | | |
| Meeting 2 | | |
| Meeting 3 | | |
| <i>Oral Review Board:</i> | | |
| Oral Review Board Date | | |
| Accepted applicant | | |
| Declined applicant | | |
| <i>Probationary Period</i> | | |
| Turned in \$30.00 registration fee | | |
| Probationary period start date | | |
| Probationary period end date | | |

HILLSBOROUGH COUNTY SHERIFF'S OFFICE
EXPLORER CLUB #238

MEMBERSHIP PACKET

| Page | FORM TITLE | REQUIRED SIGNATURES |
|-------|--------------------------------------|-------------------------------------|
| 3 | Membership Packet Introduction | None |
| 4 | Applicant Personal Information | None |
| 5 | Applicant Education/Criminal History | None |
| 6 | Applicant Employment/Other | None |
| 7 | Applicant Certification | Applicant/Guardian |
| 8 | Family History – Mother/Guardian | Mother/Guardian |
| 10 | Family History – Father/Guardian | Father/Guardian |
| 12-14 | Medical Profile | Parent/Guardian |
| 15 | Authorization for Medical Treatment | Parent/Guardian & NOTARIZED |
| 16 | General Release / Photo Release | Parent/Guardian & NOTARIZED |
| 17 | Confidentiality Disclosure | Applicant |
| 18 | School Grades Form | Applicant |
| 19 | Code of Conduct Acknowledgment | Applicant |
| 20-21 | Code of Conduct | Applicant keeps for his/her records |
| | APPLICANT TO SUBMIT | |
| | Copy of Applicant ID Card or DL | Applicant/Guardian |
| | Copy of Insurance Card (both sides) | Applicant/Guardian |
| | Copy of most current report card | Applicant/Guardian |

*This application must be typed or written 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 Club #238, it is necessary to thoroughly screen all applicants. A criminal history/background investigation will be conducted on all applicants and their parents/guardians.

HILLSBOROUGH COUNTY SHERIFF'S OFFICE
EXPLORER CLUB #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:

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?

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

**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:

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**

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:

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 CLUB #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:

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.

| 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 provide immediately, 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 CLUB #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 CLUB #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 Club #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):

FIRST, MIDDLE, LAST

Date of Birth:

MONTH, DAY, YEAR

Signature:

APPLICANT SIGNATURE

Date:

Parent/Guardian Signature:

IF APPLICANT IS A MINOR

Date:

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 CLUB #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 Club #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 Club 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: _____

FIRST, MIDDLE, LAST

Date: _____

MONTH, DAY, YEAR

HILLSBOROUGH COUNTY SHERIFF'S OFFICE
EXPLORER CLUB #238

Academic Eligibility

Explorer Applicant: _____

Date: _____

FIRST, MIDDLE, LAST

MONTH, DAY, YEAR

Dear Teachers:

The above named student has submitted an application for, or is currently a member of the Hillsborough County Sheriff's Office Explorer Club #238. According to our 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", in order to be accepted or remain in Explorer Club #238.

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

| | COURSE | GRADE | SIGNATURE | DATE |
|---|---------------|--------------|------------------|-------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |

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

HILLSBOROUGH COUNTY SHERIFF'S OFFICE EXPLORER CLUB #238
TRAVEL AND CLUB ACTIVITY

Code of Conduct

**STATEMENT OF ACKNOWLEDGMENT
FOR RECEIVING AND UNDERSTANDING**

I have read the attached rules concerning the Club #238 Code of Conduct that is required of me. I will conduct myself in a manner that reflects credit on me, the club, 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 SOP and Club 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 CLUB IN FULL.

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

Explorer/Applicant:

Date:

SIGNATURE

MONTH, DAY, YEAR

Signature:

Date:

PARENT/GUARDIAN SIGNATURE

MONTH, DAY, YEAR

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

Code of Conduct

No Club Member will be allowed to go on any Club Activity without signing this form and having it signed by their parent/guardian.

1. The Club will go to any event, function, activity as a group unless otherwise directed.
2. Whenever the Club 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 Club #238, youth considering joining this Club, and visitors from other Clubs, 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 Club #238 Advisor. No Explorer will be allowed out of their room unless accompanied by an Advisor. i.e. If a club pizza party ends after curfew, all Explorers will be escorted to their rooms by an Advisor.
5. No public display of affection. Use appropriate behavior at all times.
6. 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. Club funds will not be used.
7. The purchase, possession, or consumption of alcoholic beverages or illegal drugs by any Explorer is strictly prohibited at ALL EXPLORER ACTIVITIES.
8. Each Explorer will conduct themselves in a manner that reflects pride and a good image on themselves, the club, 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.
9. Explorers shall 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. Any Advisor finding an Explorer dressed inappropriately may either ask the Explorer to cover up, change, or leave the club meeting or event.

10. Any disciplinary problem that arises on at any club meeting or function 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 Explorer SOP or By-Laws, he/she shall be subject disciplinary measures as outlined in the Club By-Laws or as dictated by the Senior Advisor.