

# 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  
10119 Windhorst Rd,  
Tampa, FL, 33619*

After your application is received and successful completion of the criminal history/background investigation, you will receive a letter from Explorer Post #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 Post #238.

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

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

HILLSBOROUGH COUNTY SHERIFF'S OFFICE  
EXPLORER POST #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 & <b>NOTARIZED</b>
	16	General Release / Photo Release	Parent/Guardian & <b>NOTARIZED</b>
	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
		<b>APPLICANT TO SUBMIT</b>	
		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 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.

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:

---

---

---

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: \_\_\_\_\_  
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:

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: \_\_\_\_\_  
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
YES	NO	YES	NO	Condition
				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 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.

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, 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.

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  
DELEGATE MEETING AND POST 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 Signature: \_\_\_\_\_

FIRST, MIDDLE, LAST

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

MONTH, DAY, YEAR

HILLSBOROUGH COUNTY SHERIFF'S OFFICE  
EXPLORER POST #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 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.

	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 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: \_\_\_\_\_

SIGNATURE

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

MONTH, DAY, YEAR

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

PARENT/GUARDIAN SIGNATURE

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

MONTH, DAY, YEAR

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: