



Bulloch County Sheriff's Office Explorer Post Application

17257 U.S. Hwy. 301 N. Statesboro Ga. 30458

(912) 764-1791

email: jimmy@bullochsheriff.com

Explorer Information

Full Name _____

Last

First

Middle

Address _____

Street

City

State

Zip

Phone _____ () _____ () _____

Home

Cell

Date of Birth ___/___/___ Age ___ Hgt ___ Wgt ___ Hair ___ Eyes ___

Social Security # ___ - ___ - ___ Drivers License# _____

Email address _____ Prior Explorer Experience _____

School currently attending: _____

Year of Graduation _____ Current GPA _____

Are you currently involved in any extracurricular activities?_____

Will these activities interfere with your Explorer Duties (2 meetings monthly, and or Sheriff's Office functions)?_____

If yes, Explain_____

Have you had academic problems in school?_____ If yes, Explain

Have you ever been arrested or detained by the Police for any reason?_____

Please list any medical problems or disabilities we should know about.

Parent/ Gaurdian Information

Father's Full Name _____

Address _____

Home phone: ____ () _____ Cell ____ () _____

Business Phone ____ () _____ Occupation _____

Employer _____

Employer Address _____

Parent Email Address _____

Mother's Full Name _____

Address _____

Home phone: ____ () _____ Cell ____ () _____

Business Phone ____ () _____ Occupation _____

Employer _____

Employer Address _____

Parent Email Address _____

Emergency Contact Information

1. _____

Name

Relationship

Phone

2. _____

Name

Relationship

Phone

3. _____

Name

Relationship

Phone

*All emergency contact information will be used for emergency contact only. It will be kept confidential.

References

Name_____Phone_____

Name_____Phone_____

Name_____Phone_____

Membership

How did you hear about the Bulloch County Sheriff's Office Explorer Program?_____

Briefly, tell us why you want to become a Bulloch County Sheriff's Explorer._____

What would you like to do after completing the Explorer Program and finishing school?_____

Are you willing to attend all meetings and events?_____

Are you willing to purchase any equipment required of the Bulloch County Sheriff's Explorers?_____

Are you willing to abide and follow all rules and regulations established by the Bulloch County Sheriff's Office Explorers Post?_____

My signature affirms that all of the previous information provided by me in this application is true and correct and any attempt to give false information, written or oral, with the intent to mislead the representatives of the Bulloch County Sheriff's Office Explorer Program, will result in my membership application being immediately rejected. If I am accepted for membership, and it is later determined that false or misleading information was purposely provided in the application process, I acknowledged that I will be Dismissed Immediately from the Bulloch County Sheriff's Explorer Program.

Signature of Applicant

 / /

Date

Signature of Parent Guardian

(For Applicants Under 18 Years of Age)

 / /

Date

*All information provided will be kept confidential.

Parent Authorization

This health history is correct as far as I know, and _____
(name of applicant) has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, order injections, or surgery for my son/daughter. I also understand that it is my responsibility to update any medical or health information to the post advisor when necessary.

Signature

Date

Printed Name

Emergency Medical Release Form

The undersigned consents for _____(name of applicant) to receive any necessary emergency medical treatment that becomes necessary while participating in any activities with the Bulloch County Sheriff's Explorers. I (we) do hereby separately, and severally, release and forever discharge all employees or members of the Bulloch County Sheriff's Office and the Bulloch County Sheriff's Explorer Program, or any other authorized emergency persons, firms, or organizations from any present and future liabilities as a result of authorized emergency medical treatment on the child's behalf. This consent includes treatment by authorized emergency medical personnel, including but not limited to emergency medical technicians, paramedics and physicians.

Applicants Signature

Date

Printed Name

Parent/Guardian Signature

Date

Printed Name: _____

Bulloch County Sheriff's Explorers
Consent for Release of Information/ Records and
Agreement to Return or Replace Equipment

(To be signed by Parent/Guardian if applicant is under 18 years of age)

Known all men by these presents that I, the undersigned participant, being over eighteen(18) years of age, or the parent/legal guardian of

_____ (participant), do hereby consent to the participation of my child in the Bulloch County Sheriff's Explorer Program and all related activities, and do hereby, separately and severally, release and forever discharge Bulloch County, the Bulloch County Sheriff's Office, members of the Bulloch County Sheriff's Explorer Program and all other persons, firms or corporation participating in said program fro any liability for ever kind and character, including injury to the person or property of myself in connection therewith or in any way related thereto. I do further hereby agree to indemnify and hold Bulloch County, the Bulloch County Sheriff's Office, the Bulloch County Sheriff's Explorers Program, it's agents, servants or employees from any liability, lawsuit, claim or damages occasioned by or resulting from any suit or claim arising from my direct or indirect participation in the Explorers Program.

I do further grant Unto the Bulloch County Sheriff's Office and the County of Bulloch, the right to check my child's school records and receive a cop of my transcript of grades at any time during my participation in the Bulloch County Sheriff's Explorer Program. I authorize and direct the release of such school records, grades and transcripts to the Bulloch County Sheriff's Office, it's agent, servants or employees participating in the Bulloch County Sheriff's Explorer Program, or any educational institution possessing the same.

I do herby agree that should I resign or be terminated from the Bulloch County Sheriff's Explorer Program, that I will promptly return all equipment assigned to me in good, clean working condition. I also understand that my failure to return equipment will result in me or my parent/guardian being held responsible for reimbursing Bulloch County for the replacement cost of any damaged or unreturned equipment.

Done this _____ day of _____, 20_____

Applicant signature

Consenting adult

Witness: _____

**Bulloch County Sheriff's Explorer
Consent and Waiver by Consenting Adult**

(To be completed by Parent/Guardian or if Applicant is 18 to older)

I, _____ do hereby give permission to the Bulloch
Parent/ Guardian/ Applicant

County Sheriff's Explorer Post to use any photography, video or audio transmissions of my child, (or myself) _____ for promotional or advertisement purposes related to Post activities.

Applicant Name

Date

Parent/Guardian

Date

Program Coordinator

Date received