

Escambia County Sheriff's Office

Law Enforcement Explorer Program



Recruit Packet

Please fill out the entire packet before turning in.

Escambia County Sheriff's Office
Explorer Program
Recruitment Form

Name: _____
Last *First* *Middle*

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Age: _____ Social Security #: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Sex: M F Place of Birth: _____

Drivers License/ID Card #: _____ State: _____

Telephone # _____ Cell # _____ Other# _____

School Attending: _____

Grade: _____ Current GPA: _____

School/Civic Activities/Clubs: _____

Do you have a Dean's Record? _____ If yes, for what reason: _____

Have you ever been suspended or expelled from school? _____ If, yes, explain: _____

How long have you lived in Pensacola, Florida? Years: _____ Months: _____

Have you ever been listed as a juvenile runaway with any law enforcement agency? Y N

Have you been a member of any other Explorer Post? Y N If yes, where: _____

Place of Employment: _____

Address: _____ Hours per Week: _____

Do you have any allergies, physical defects, or emotional conditions which would hinder your ability to participate in:

Running: _____

Swimming: _____

Self Defense Training: _____

CO₂ Pistol Training: _____

Firearms Training: _____

Team Games: _____

Any other supervised activities: _____

How did you learn about the Explorers?

- Recruiters visited my school Friend Brochure
 My School Resource Officer Other _____

EMERGENCY CONTACT INFORMATION

Full Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone # _____ Cell # _____ Other# _____

Place of Employment: _____

Employer Address: _____

Full Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone # _____ Cell # _____ Other# _____

Place of Employment: _____

Employer Address: _____

I hereby make application to the Escambia County Sheriff's Office Explorer Post. I understand that certain rules and regulations apply to all members and agree to abide by them. I swear that I have not provided any false information or information that is misleading, dishonest, or deceptive on this application.

Applicant's Signature

Date

Signature or Parent/Guardian

Date

FOR OFFICE USE ONLY

Date application received _____/_____/_____ Received by Advisor _____

Escambia County Sheriff's Office
Explorer Program
Medical Release

I, the parent or guardian of _____, a minor, give my permission to a representative of the Escambia County Sheriff's Office to seek medical treatment for him/her in the event of an injury or illness while he/she is attending an authorized function of the Escambia County Sherriff's Office Explorer Post.

Signature or Parent/Guardian

Date

Medical Information

Primary Physician: _____ Phone: _____

Hospital Preference: _____

Health Insurance Provider: _____

Health Insurance Policy #: _____

Medical Condition(s)/Medication(s)/Allergies: _____

**PLEASE ENSURE THAT THE EMERGENCY CONTACT
PAGE IS FILLED OUT COMPLETELY**

**IF NECESSARY, ATTACH A SECOND PAGE IF THERE
ARE ADDITIONAL EMRERGENCY CONTACTS TO LIST**

Escambia County Sheriff's Office
Explorer Program
Waiver of Liability

This *Waiver of Liability* was executed on the _____ day of _____ 20____ for

_____ by _____
Explorer's Name *Parent/Guardian*

Address: _____
Street *City* *State* *Zip*

Hereafter referred to as RELEASOR.

WHEREAS, Releasee is a law enforcement agency engaged in providing law enforcement services in Escambia County, Florida, and Releasor requests to ride and/or accompany one of the Releasee's deputies while the deputy is engaged in performance of his/her duties as a law enforcement officer, and,

WHEREAS, Releasor and Releasee recognize the dangers inherent in law enforcement and to law enforcement officers and those individuals who desire to ride or accompany them, and Releasor expressly assumes such risks;

THEREFORE, Releasee agrees to permit Releasor to ride with or accompany a deputy during the normal course of duties of a deputy sheriff, under the following terms and conditions:

1. Releasor, on behalf of himself/herself, their heirs, executors, administrators, and assigns, hereby fully releases and discharges Releasee, it's officers, employees, agents, successors and assigns from any and all claims, causes of action or liability arising out of or resulting from Releasors riding with or accompanying Releasee's deputies during the course of said duities as a law enforcement officer.
2. This waiver is intended by the parties to release all claims for injuries, damages, losses to Releasor, or his person or property, whether known or unknown, forseen or unforeseen, patent or latent, which may occur or arise. Further, this waiver extends to and includes, among other things, injuries suffered by Releasor as a result of the actions of officers, employees, or agents of Releasee and unknown third parties.
3. This waiver is freely and voluntarily executed by Releasor. Releasor, in executing this waiver, does not rely on any inducements, promises, or representations made by the Releasee or its officers, employees, or agents.
4. Both parties have read this waiver and fully understand its terms and conditions. This release constitutes the entire and integrated agreement of the parties, and may not be amended, modified, or changed without the expressed written agreement of both parties.

Signature or Parent/Guardian

Reviewed by Patrol Commander/Designee

Witness Signature

Date Signed

Escambia County Sheriff's Office
Explorer Program
Pistol Team Waiver

The undersigned recognizes and assumes any and all risks pertaining to firearms training and other activities of the Escambia County Sheriff's Office Explorers and hereby releases the County of Escambia, Florida, the Sheriff, and any officers of the County of Escambia or the Sheriff's Office from any and all liability whatsoever for any injuries, damages, and claims that the Explorer may sustain in the course of such firearms training and activities or in any other way during such training by officers or agents of the Escambia County Sheriff's Office.

The undersigned parent/guardian and Explorer hereby acknowledge that they have been informed that the firearms training program and activities constitute an ultra hazardous risk of injury. The program will involve making firearms and ammunition available to the Explorer under supervised circumstances, as well as the supervised discharge of those weapons. The undersigned further acknowledges consent to the exposure of such risk.

In witness whereof, and intending to be legally bound thereby, the undersigned affixes as the legal

parent/guardian _____ on this _____ day

Explorer's Full Name

of _____, 20____.

Signature of Parent/Guardian

Signature of Explorer

Print Full Name

Print Full Name

STATE OF FLORIDA
COUNTY OF ESCAMBIA

Suscribed and sworn to (affirmed) before me this _____ day of _____, 20____, by

_____ he/she is personally known to me or has produced

_____ as identification.

Signature of Notary

Comission # _____

Print Name of Notary

My Comission Expires: _____