

I understand that by potentially joining the Hamilton County Sheriff's Office Explorer Program, I am making a commitment towards a career in Law Enforcement, and that any future illegal or unethical activities will be looked down upon more severely by potential future employers based on the career path I have decided to begin.

Yes: No:

In understand that any false, misleading, or recklessly omitted information provided on this application will be grounds for immediate grounds for rejection of the applicant or dismissal from the post.

Yes: No:

FAMILY INFORMATION

Father's Name: _____ Date of Birth: _____

Name of Employer: _____ Occupation Title: _____

Mother's Name: _____ Date of Birth: _____

Name of Employer: _____ Occupation Title: _____

Sibling's Name: _____ Date of Birth: _____

Sibling's Name: _____ Date of Birth: _____

Sibling's Name: _____ Date of Birth: _____

Sibling's Name: _____ Date of Birth: _____

Sibling's Name: _____ Date of Birth: _____

Are you related to any active or retired members of the Hamilton County Sheriff's Office?

Yes: No:

If Yes, Please list their name and relation to you: _____



Criminal / Juvenile History

For applicants over 18 years of age: Please understand that even know your juvenile history is sealed and has no bearing on you as an adult, we still retain and utilize all juvenile information resulting from criminal and traffic history for law enforcement purposes. These questions below refer to BOTH JUVENILE AND ADULT HISTORY and we request information even if the offense happened before you became an adult. Past criminal activity may require you to fill our a supplement to this application to explain your situation in greater detail.

Have you ever been charged with any criminal offense or received a minor misdemeanor citation other than traffic related?

Yes: No:

Explain: _____

Have you ever been taken to a city or county juvenile bureau for questioning?

Yes: No:

Explain: _____

Have you ever been, or are you now, on any type of juvenile or adult probation?

Yes: No:

Explain: _____

Have you even been physically arrested and taken to any jail, juvenile detention center, police department, or released to your parents by any law enforcement agent?

Yes: No:

Explain: _____

Have you ever consumed any alcoholic beverage that was not given to you by a parent or guardian and consumed in the presence of the same parent or guardian?

Yes: No:

Explain: _____

Have you ever experimented or do you actively participate in any form huffing, or inhaling of harmful contaminates including but not limited to: paints, glues, sprays, or other household products?

Yes: No:

Explain: _____

Have you ever used, abused, or taken any controlled substance or drug, either illegal in nature or not specifically prescribed to you for current medical reasons?

Yes: No:

Explain: _____



Personal Reference Information

As an applicant for the Hamilton County Sheriff’s Office Explorer Program I understand that I am requested to submit no less than three letters of recommendations to accompany my application. All of the personal references must be at least 18 years of age, and in no way can be related to you.

We suggest that you request a letter from a (1) school teacher or administrator; (2) an employer or leader of an extra-curricular group you are currently involved with or have previously been involved with; and finally (3) a family friend or a member of the Hamilton County Sheriff’s Office if one is personally known.

Please list the references below and attach the letters to the application:

Name	Address	Phone #	Length of Relationship

Miscellaneous Information

Do you understand as a new member of the Hamilton County Explorer Post you MUST submit \$80.00 for fees and registrations?

- \$7.00 registration fee for the Boy Scouts of America.
 - \$1.00 for accident insurance.
 - \$12.00 a year dues for the Boy Scouts of America.
 - \$60.00 uniform deposit (please refer to the Uniform Policy at the end of the application)
- Yes: No:

Do you understand that should you be accepted into the program you MUST attend all regularly scheduled meetings?

Yes: No:

Do you understand that there will be classroom work and assignments given on days other than regular meeting nights?

Yes: No:

Do you understand that you will be given tests and you MUST maintain a satisfactory or higher average to remain in the program?

Yes: No:

Do you understand that you MUST maintain a passing GPA in all high school courses to remain in the program, and that you MUST present current report cards as requested by post officers?

Yes: No:



Do you understand that you are responsible for acquiring certain items of the post uniform at your own expense?

Yes: No:

Do you understand that you will be charged criminally, if at the termination of your membership from the program you fail to return any and all property issued or owned by the Explorer Program or the Hamilton County Sheriff's Office?

Yes: No:

Have you discussed the Law Enforcement Explorer Program with your parents and family, and they understand the implied danger of potential incidents resulting from involvement in ride-alongs with officers or participation in uniformed functions of the program?

Yes: No:

Do you and your parents understand that before you are permitted to ride-along with any member of the Hamilton County Sheriff's Office, you must satisfactorily pass a number of classes, a written examination, and be subject to the Post Advisor's acceptance for involvement in the ride-along program?

Yes: No:

Are your parents aware of the expenses involved for the uniform and equipment?

Yes: No:

Do you understand that while in uniform or present at any Sheriff's Office function, there will be a strictly set of enforced code of conducts, and general provision including but not limited to : grooming and a dress code?

Yes: No:

Do you understand that membership into the Law Enforcement Explorer Program will not earn you any high school or college credit?

Yes: No:

Have you ever been a member of any other Explorer Program, applied for membership, or attended any of their events, meetings or trainings and given the impression that you may consider membership?

Yes: No:

If Yes, Please explain in detail: _____

You are hereby requested to sign your full name in the space provided. By signing this application, you acknowledge that the information is correct and truthful and give your full permission for the Hamilton County Sheriff's Office and Adult Staff Members of the Law Enforcement Explorer Program to conduct a full background investigation. Any required information that is found to be false, misleading, or recklessly omitted may be grounds for rejection of this application for membership.

Printed Name

Signature





Hamilton County Sheriff's Office
Law Enforcement Explorer Program



UNIFORM POLICY

I understand that upon acceptance into the Explorer program and Hamilton County Explorer Post 2660, I will be issued a uniform to use during my tenure as a member of the post. Along with being issued a uniform, a deposit as set forth in the explorer constitution will still apply. I will also be expected to care for and maintain the uniform that is issued to me, along with the purchase of certain uniform accessories for which the post does not supply.

I understand that upon resignation from the post or termination from the post, the uniform shall be returned immediately and the deposit refunded. I also understand that if the uniform is not returned within 30 days, that I will forfeit the uniform deposit and that criminal charges can and will be signed.

By signing below, I acknowledge that I have read the above and accept these terms.

EXPLORER

ADVISOR





Hamilton County Sheriff's Office
Law Enforcement Explorer Program



Applicant's Acknowledgement

To Law Enforcement Explorer Advisor:

I have discussed the entire Law Enforcement Explorer Program with my parents and/or family. I understand that I will be instructed in all aspects of law enforcement and will also be instructed in the proper use of firearms and will be given the opportunity to fire weapons on a firing range under proper supervision.

I am aware I will be required to attend regular meetings, training sessions, and from time to time will be required to attend special functions.

I understand that the cost of required uniforms, dues, insurance, registration fees and other equipment may range in cost from \$100.00 to \$200.00 and I have made arrangements to pay for these required items. I fully understand that should I leave the Law Enforcement Explorer Program for any reason, that the entire departmentally issued portion of the uniform is the sole property of the Hamilton County Sheriff's Office Explorer Post # 2660.

I understand that the Law Enforcement Explorer Program is an independent organization and is in no way connected with any school and will not earn me any type of school credit.

I also agree to appear at a designated location with my parent(s) for the purpose of an interview with the Post Advisor or other Adult Staff Members of the Law Enforcement Explorer Program, if necessary.

Applicant Signature: _____

Mother's Signature: _____
(if applicant is under 18 years old)

Father's Signature: _____
(if applicant is under 18 years old)





Hamilton County Sheriff's Office
Law Enforcement Explorer Program



LAW ENFORCEMENT EXPLORER
RELEASE AND INDEMNITY AGREEMENT
(MINOR)

I _____, residing at _____, being
the legal parent or guardian of _____, who is my _____,
and is _____ years of age, date of birth ____ / ____ / ____, social security number _____
_____, does hereby have my permission to participate in the Hamilton County
Sheriff's Explorer Program and in consideration of the Sheriff's Office, Hamilton County, State of Ohio,
permitting him/her to ride in a police vehicle and/or perform other duties within the Sheriff's Office of
the County of Hamilton, State of Ohio, in conjunction with the Sheriff's Explorer Program, do fully and
forever, acquit and discharge said Sheriff's Office, County of Hamilton, State of Ohio, and its agents and
servants, from all damages (known and unknown) and personal injuries to him/her arising out of riding
in any Sheriff's vehicle or performing other Explorer duties.

I do, hereby, for myself, my heirs, executors, administrators, successors, and assigns, and those of stated
minor, covenant with said releases to indemnify and save harmless the said Sheriff's Office, County of
Hamilton, State of Ohio, from all claims and demands for damages, cost, loss of services, expenses or
compensation on account of, or in any way growing out of any accident or incident, or its result both to
person or property.

SIGNATURE (Parent or Guardian) DATE

Witness my hand and seal this _____ day of _____, _____.

POLICE NOTARY





Hamilton County Sheriff's Office
Law Enforcement Explorer Program



**LAW ENFORCEMENT EXPLORER
RELEASE AND INDEMNITY AGREEMENT
(ADULT)**

I _____, residing at _____, date of birth ____ / ____ / ____, social security number _____, being of full age and in consideration of the Sheriff's Office, Hamilton County, State of Ohio, permitting me to ride in a police vehicle and/or perform other duties within the Sheriff's Office of the County of Hamilton, State of Ohio, in conjunction with the Sheriff's Explorer Program, do fully and forever, acquit and discharge said Sheriff's Office, County of Hamilton, State of Ohio, and its agents and servants, from all damages (known and unknown) and personal injuries to me arising out of riding in any Sheriff's vehicle or performing other Explorer duties.

I do, hereby, for myself, my heirs, executors, administrators, successors, and assigns, covenant with said releases to indemnify and save harmless the said Sheriff's Office, County of Hamilton, State of Ohio, from all claims and demands for damages, cost, loss of services, expenses or compensation on account of, or in any way growing out of any accident or incident, or its result both to person or property.

SIGNATURE DATE

Witness my hand and seal this _____ day of _____, _____.

POLICE NOTARY



MANDATORY HEALTH AND IDENTIFICATION FORMS (Explorer)

- IT IS THE INDIVIDUAL EXPLORER'S DUTY TO RESUBMIT THIS FORM BETWEEN YEARLY REVIEWS
IF ANY INFORMATION IS CHANGED OR UPDATED

NAME : _____
DOB : ____/____/____ SOC # : ____-____-____
DL : _____ STATE : _____ EXPR : _____
ADDRESS : _____
CITY : _____ ST : _____ ZIP : _____
HOME # : (____)____-____
CELL # : (____)____-____
OTHER # : (____)____-____
EMAIL : _____

EMERGENCY CONTACTS :

MOTHER'S NAME : _____
ADDRESS : _____
HOME # : (____)____-____ CELL # : (____)____-____
OTHER # : (____)____-____

FATHER'S NAME : _____
ADDRESS : _____
HOME # : (____)____-____ CELL # : (____)____-____
OTHER # : (____)____-____

OTHER CONTACT : _____
ADDRESS : _____
HOME # : (____)____-____ CELL # : (____)____-____
OTHER # : (____)____-____



