



Nassau County Sheriff's Office

Sheriff Bill Leeper

Law Enforcement Explorer

Application Package

DO NOT PRINT DOUBLE SIDED

Nassau County Sheriff's Office

77151 Citizens Circle

Yulee, Florida 32097

904-225-0331

Human Resources

904-548-4012



Nassau County Sheriff's Office

Sheriff Bill Leeper

To the Explorer Applicant:

Law Enforcement Exploring provides educational training on the purposes, mission, and objectives of law enforcement. The program provides career orientation experiences, leadership opportunities, and community service activities.

LAW ENFORCEMENT EXPLORING:

The intent of law enforcement exploring is to educate and involve youth in police operations, to interest them in possible law enforcement functions whether they enter policing or not. Through involvement, the law enforcement explorer program establishes an awareness of the complexities of police service.

PROGRAM OBJECTIVES:

Explorers are given the opportunity to broaden their understanding and gain first hand knowledge of the challenges and job skills that make up their community's police service. The explorer program will encourage the individual to continue their education, encourage the explorer to participate in rewarding and productive community service activities, and to help the explorer prepare for their future roles as citizens and community members.

TRAINING:

The explorers are involved in many different training exercises to assist them in their activities. The following is a list of some of the training exercises offered:

- Guest speakers and instructors from the Sheriff's Office and surrounding agencies.
- Training in First-Aid, C.P.R., and Emergency Preparedness.
- Sheriff's Explorer Academy.
- A ride-along observation program, which places the Explorer in cars with the deputies during reasonable hours and conditions as well as other law enforcement capacities. The Explorers are eligible for this program after they have completed the Sheriff's Explorer Academy.

ELIGIBILITY REQUIREMENTS:

The following is a list of qualifications that are required of all individuals who are interested in becoming an Explorer:

1. Be of good moral character.
2. Maintain a respect for law enforcement.
3. Maintain school attendance.
4. Be attending or have graduated from high school or college.
5. Maintain a 2.0 grade point average, if still enrolled in high school or college. (the latest report card must be submitted to the Explorer Senior Advisor upon application)
6. Be between thirteen and twenty one years of age.
7. Must pass a criminal background check and be a current resident of Nassau County.

Upon completion and submission of your application you will await contact regarding your eligibility as an Explorer. If you are an eligible candidate an interview will be scheduled as a final step to determine eligibility as well as to serve as interview training and explorer orientation.

If you have any questions, please contact the Nassau County Sheriff's Office,
Human Resources/Explorer Unit at (904) 548-4012 or (904) 548-4097.

INSTRUCTIONS: Application must be typewritten or printed legibly in BLACK or BLUE INK. All questions must be answered; if a question is not applicable, so state and indicate N/A (not applicable). Incomplete applications or illegible will not be considered. Use additional pages if necessary. **Do not print application double sided.** Upon completion, please return to NCSO's Explorer Unit at the address listed on the cover of this application package.

APPLICANT NAME (*first, middle, last*): _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

DRIVERS' LICN. #: _____ STATE: _____ EXP: _____

HOME ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ APPLICANT PHONE: _____

PARENT(*legal-guardian*) NAME (*first, middle, last*): _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

LIST ALL OTHER NAMES EVER USED AND CIRCUMSTANCES IN WHICH THE NAME(S) WERE USED. INCLUDE NICKNAMES: _____

HIGH SCHOOL: _____

CITY: _____

COLLEGE: _____

CITY: _____

HAVE YOU EVER BEEN EXPELLED OR SUSPENDED FROM ANY SCHOOL? Y/N
IF SO, REASON(S) WHY: _____

HAVE YOU EVER BEEN ARRESTED, CHARGED WITH A CRIME, OR ISSUED A CIVIL CITATION OR A TOBACCO CITATION? YES: _____ NO: _____

EXPLAIN: _____

LIST ALL TRAFFIC VIOLATIONS: _____

CAN WE CONTACT YOUR SCHOOL FOR YOUR RECORDS AND REFERENCES?

YES: _____ NO: _____

LIST ANY PREVIOUS EXPLORING OR SPECIAL TRAINING BACKGROUND:

LIST ALL PLACES OF EMPLOYMENT: *(Attach additional sheet if needed)*

BUSINESS: _____ CITY: _____

PHONE: (____)____ - _____ DATES OF EMPLOYMENT: _____

REASON FOR LEAVING: _____

BUSINESS: _____ CITY: _____

PHONE: (____)____ - _____ DATES OF EMPLOYMENT: _____

REASON FOR LEAVING: _____

LIST HONORS, AWARDS, ACHIEVEMENTS, POSITIONS HELD IN SCHOOL, ORGANIZATIONS, AND ANY OTHER SPECIAL RECOGNITION YOU'VE RECEIVED IN ANY ORGANIZATION: _____

LIST ANY SPECIAL ABILITIES, INTEREST, AND HOBBIES WITH DEGREE OF PROFICIENCY: _____

LIST ALL CLUBS, SOCIETIES OF WHICH YOU ARE OR HAVE BEEN A MEMBER:

NAME: _____ CITY: _____ TYPE: _____

NAME: _____ CITY: _____ TYPE: _____

NAME: _____ CITY: _____ TYPE: _____

ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION OR GROUP OF PERSONS, WHICH HAS ADOPTED, OR SHOWS A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OF AMERICAN? YES: _____ NO: _____

IF YES, EXPLAIN: _____

GIVE (3) THREE PERSONAL REFERENCES OVER THE AGE OF (18) (excluding relatives):

1.NAME: _____ AGE: _____ YRS. KNOWN: _____

EMAIL: _____ PHONE: _____

2.NAME: _____ AGE: _____ YRS. KNOWN: _____

EMAIL: _____ PHONE: _____

3.NAME: _____ AGE: _____ YRS. KNOWN: _____

EMAIL: _____ PHONE: _____

ARE YOU NOW ABLE TO PARTICIPATE IN ALL PHASES OF PHYSICAL TRAINING, FIREARMS TRAINING, AND DEFENSIVE TACTICS OR ARE YOU CURRENTLY TAKING ANY MEDICATION, HAVE ANY MEDICAL CONDITION, ETC, WHICH MAY DISQUALIFY YOU FROM SUCH ACTIVITIES?

PLEASE EXPLAIN: _____

ARE YOU FREE OF ILLEGAL SUBSTANCE ABUSE? YES: _____ NO: _____

HAVE YOU EVER BEEN ARRESTED OR CONVICTED FOR THE USE OF SALE OF DRUGS
YES: _____ NO: _____

HAVE YOU EVER BEEN HOSPITALIZED OR TREATED FOR ALCOHOL OR SUBSTANCE
ABUSE? YES: _____ NO: _____

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF CHILD NEGLECT OR ABUSE?
YES: _____ NO: _____

OTHER THAN THE ABOVE MATTERS, ARE THERE ANY FACTS OR CIRCUMSTANCES
INVOLVING YOU OR YOUR BACKGROUND THAT WOULD PRECLUDE YOU FROM
BEING INVOLVED WITH THE NASSAU COUNTY SHERIFF'S OFFICE EXPLORER
PROGRAM? YES: _____ NO: _____ IF YES, EXPLAIN: _____

HAVE YOU EVER USED, SOLD OR EXPERIMENTED WITH ANY ILLEGAL DRUGS?

YES: _____ NO: _____ IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN TREATED FOR OR DO YOU HAVE ANY HISTORY OF MENTAL OR EMOTIONAL ILLNESS? YES:_____ NO:_____

IF YES, EXPLAIN:_____

HOW MANY DAYS HAVE YOU BEEN ABSENT FROM WORK OR SCHOOL IN THE LAST THREE (3) YEARS? WORK:_____ SCHOOL _____

EXPLAIN:_____

LIST TWO PERSONS TO CALL IN CASE OF AN EMERGENCY - OTHER THAN PARENTS:

NAME:_____ RELEATIONSHIP:_____ PHONE:_____

NAME:_____ RELEATIONSHIP:_____ PHONE:_____

INFORMATION/IMAGE DISCLOSURE CONSENT

By signing below, I do hereby give permission to the Nassau County Sheriff's Office to use photographs and/or video images of my child for media coverage, or for any other use deemed appropriate by the sheriff's office.

By initialing the spaces below, I specifically authorize the use and/or disclosure of the following information:

_____ My name and age

_____ The names and ages of my family members

_____ The circumstances surrounding the release of my child's information

_____ General school or employment information that may relate to the Explorer Program

_____ My city, county, or state of residence

Applicant's Signature

Date

Parent/Guardian Signature
(if under 18 years of age)

Date

**EXPLORER OBLIGATION
(UNIFORM AND EQUIPMENT)**

The Nassau County Sheriff's Office along with the Nassau County Sheriff's Office Explorers, have purchased uniforms and other related equipment to assist the Explorers in their training and duties.

Upon an Explorer leaving the unit, he/she is responsible for returning ALL EQUIPMENT ISSUED to him/her in good condition (including NCSO/Explorer ID tag). In the event that the equipment becomes damaged due to negligence on the part of the Explorer, the cost of repair or replacement will be responsibility of the Explorer, his parent or guardian (if under 18). Effective May 1, 2018, if an Explorer leaves within 6 months of being issued a uniform the Explorer, his parent or guardian (if under 18), will be responsible for returning all uniform items as well as the cost of those items.

If this obligation is not met within ten (10) days of the date of resignation or termination, the parent/guardian of the explorer will be billed for the cost of any unreturned or damaged equipment. In addition, the State Attorney's Office may be contacted for criminal prosecution.

The Explorer will be responsible for purchasing a pair of black leather shoes or boots, which can be polished, black tennis shoes, Olive Green BDU pants, and a black Nylon Velcro belt. These items are not required to be returned to the Sheriff's Office.

The above policy is necessary, in the view of safety and the ever increasing cost for replacement of uniforms and equipment. Your cooperation, therefore, will indeed be appreciated.

I, the parent/guardian of Explorer _____
Do hereby understand and agree to the obligation as stated above.

Applicant's Signature

Date

Parent/Guardian Signature
(if under 18 years of age)

Date

A Copy of your most current report card must be submitted with this application!

This page is *not* to be filled out by applicant!

<hr/> NCSO Explorer Advisor	<hr/> Report Card Date	<hr/> GPA
<hr/> NCSO Explorer Advisor	<hr/> Report Card Date	<hr/> GPA
<hr/> NCSO Explorer Advisor	<hr/> Report Card Date	<hr/> GPA
<hr/> NCSO Explorer Advisor	<hr/> Report Card Date	<hr/> GPA
<hr/> NCSO Explorer Advisor	<hr/> Report Card Date	<hr/> GPA
<hr/> NCSO Explorer Advisor	<hr/> Report Card Date	<hr/> GPA
<hr/> NCSO Explorer Advisor	<hr/> Report Card Date	<hr/> GPA
<hr/> NCSO Explorer Advisor	<hr/> Report Card Date	<hr/> GPA
<hr/> NCSO Explorer Advisor	<hr/> Report Card Date	<hr/> GPA
<hr/> NCSO Explorer Advisor	<hr/> Report Card Date	<hr/> GPA
<hr/> NCSO Explorer Advisor	<hr/> Report Card Date	<hr/> GPA
<hr/> NCSO Explorer Advisor	<hr/> Report Card Date	<hr/> GPA
<hr/> NCSO Explorer Advisor	<hr/> Report Card Date	<hr/> GPA
<hr/> NCSO Explorer Advisor	<hr/> Report Card Date	<hr/> GPA

Explorer Information

I.D. # _____
Assigned by HR

Start/Interview Date: _____
Designated by Explorer Advisor

Name: _____
(First) (Middle) (Last)

Date of Birth: _____ **DL # :** _____

Home Address (Physical):

Mailing Address:

Sex: _____ **Blood Type:** _____

Allergies: _____

Email address: _____

Home Phone: _____

Cell Phone: _____

Reports To: Explorer Advisors

Emergency Contact Information:

Name: _____

Relationship: _____

Home Phone: _____ ***Cell Phone:*** _____

Address: _____

Parent/Guardian Signature

Date

NCSO EXPLORER MEDICAL INFORMATION & CONSENT

EXPLORERS NAME: _____ DATE OF BIRTH _____

Medical History (check if applicable)

- ___ Asthma ___ Fainting Spells ___ Convulsions ___ Back Pain
- ___ Diabetes ___ Heart Trouble ___ Bleeding Disorder ___ Neck Pain
- ___ Attention deficit disorder ___ Mood Disorder

Please provide any medical condition, allergies including allergies to food or medication, side effects of medication, or any condition, which might require special care, medication, or special diet:

Primary Physician: _____ Telephone: _____

Hospital of Preference: _____

Health Insurance Company: _____

Health Insurance: Policy Number: _____ Group Number: _____

Member Number: _____ Contact Number: _____

Emergency Contacts:

Primary:

Name/Relationship _____

Address _____ City _____ ST _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Other Phone (____) _____

Secondary:

Name/Relationship _____

Address _____ City _____ ST _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Other Phone (____) _____

In case of emergency, the Nassau County Sheriff’s Office Explorer representative has my consent to authorize medical care for my child,

Parent/Guardian Contact information:

NAME: _____

PHONE # _____

ADDRESS: _____

I hereby grant permission to the Nassau County Sheriff’s Office representative to consent to first aid, emergency medical care and all other medical or surgical care they deem reasonably necessary to the health and well-being of my child. Also, if necessary for executing such care, I grant permission for hospitalization at an accredited hospital.

Parent/Guardian Signature

Date Signed

NCSO EXPLORER MEDICAL INFORMATION & CONSENT
Continued

****IF PARTICIPANT IS UNDER THE AGE OF 18:**

I hereby attest that I am the parent/legal guardian of Explorer _____, I give my permission to a representative of the Nassau 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 Nassau County Sheriff's Office Explorer Program

Print Name of Parent or Guardian Signature of Parent or Guardian Date

State of Florida, County of _____

The foregoing was acknowledged before me this _____ day of _____, 20__ by _____, who is personally known to me or has produced by _____ as identification, and who did/did not take an oath.

NOTARY PUBLIC

My Commission Expires:



Nassau County Sheriff's Office

Sheriff Bill Leeper

NASSAU COUNTY SHERIFF'S OFFICE EXPLORER PROGRAM GENERAL RELEASE AND WAIVER OF LIABILITY

The undersigned participant, _____(print name), a volunteer participant of the Nassau County Sheriff's Office Explorer Program (hereafter "NCSO EP"), in consideration for the privilege of participation with, and becoming a member of, the NCSO EP, the receipt and sufficiency of consideration is hereby accepted and acknowledged, do hereby release, waive, satisfy, and forever discharge and settle any and all claims, demands, causes of action, suits, controversies, judgments or damages of any kind or nature whatsoever, in law or in equity, which exist or may arise against Bill Leeper as Sheriff of Nassau County, or his successors, heirs, assigns, employees, appointees or agents, relating to any and all participation, or NCSO Charities, Inc., or its Directors or members, or their successors, assigns, employees, appointees or agents, relating to any and all participation in whatever activity or form, as a volunteer civilian member of the NCSO EP, including but not limited to, injury, illness or death, and/or damage to, or loss of, personal property.

The undersigned has full understanding and appreciation of all risks and dangers associated with the NCSO EP, including but not limited to, the use of firearms, participating in a "ride-along" program with Deputy Sheriff's while answering calls for service or performing other law enforcement tasks, volunteering at NCSO functions, participating in physical fitness training and exercise programs, attending retreats or other organized outings such as Explorer Delegates Meetings and Florida Sheriff's Explorer Association meetings and boot camps, or classroom and practical instruction or exercises. The undersigned hereby assumes all risks of personal injury, death, property damage or other loss that might arise from my participation in the aforementioned.

NASSAU COUNTY SHERIFF'S OFFICE EXPLORER PROGRAM
GENERAL RELEASE AND WAIVER OF LIABILITY
CONTINUED

This General Waiver and Release of Liability (hereafter "Release") shall be binding upon the undersigned and his/her respective heirs executors, administrators, personal representatives, successors, assigns, agents or employees. This Release will be subject to, and governed by, the laws of the State of Florida. This Release has been read and fully understood by the undersigned.

It is acknowledged and agreed the undersigned has voluntarily, knowingly, and willingly executed this Release.

Signature of Explorer

Date

Sworn to and subscribed before me this _____ day of _____ (month), _____ (year), by _____ (print name) who is [] personally known to me or [] produced _____ as identification, and who acknowledged to and before me that he executed the foregoing document freely and voluntarily for the purposes therein expressed.

Notary Public, State of Florida
My Commission Expires:

Signature of Parent of Explorer

Date

Sworn to and subscribed before me this _____ day of _____ (month), _____ (year), by _____ (print name) who is [] personally known to me or [] produced _____ as identification, and who acknowledged to and before me that he executed the foregoing document freely and voluntarily for the purposes therein expressed.

Notary Public, State of Florida
My Commission Expires: