

Applicant's Name _____
(Printed) Last, First Middle



Ellis County Sheriff's Office

Explorer Application

All pages must be completed in black or blue ink. All waivers must be signed to participate in the Explorer Program. Return this completed packet to the Post Advisor as soon as possible.

CONFIDENTIAL

Date Received _____

Signature of Post Advisor _____

Accepted Date: _____ ID# _____

Ellis County Sheriff's Office
Explorer Application

Name of Applicant _____
Last First Middle

Date of Birth _____ Home Phone # _____

Please answer the following questions (Use the back of this sheet if you require more space)

Why do you want to become a Law Enforcement Explorer?

How did you find out about the Explorer Program?

What fields of work are you interested in?

What qualities do you possess that will make you a good Explorer?

Ellis County Sheriff's Office
Explorer Application

Application and Personal History

Full Name _____
Last First Middle

Race _____ Sex _____ Date of Birth _____

Address _____

City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email address _____

Facebook/Myspace/Twitter ID's (list all) _____

Drivers License/State ID number _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

School attending/graduated _____ Grade _____

Year graduated or projected year of graduation _____

Employer _____

Address _____

City _____ State _____ Zip _____

Job Title _____

Supervisor _____

Co-Worker _____

Mother's Name _____

Mother's Address _____

Mother's Home Phone _____

Cell _____

Mother's Work _____ Work Phone _____

Mother's Email _____

Father's Name _____

Father's Address _____

Father's Home Phone _____

Cell _____

Father's Work _____ Work Phone _____

Father's Email _____

Applicant Name _____

Health/Accident Insurance Company _____

Policy # _____

Personal Physician _____ Phone # _____

In case of emergency notify: (First contact)

Name _____ Relationship _____

Address _____ Phone # _____

List two others: (Second and Third contact)

Name _____ Phone # _____

Name _____ Phone # _____

Emergency Medical Information:

List any allergies known:

List any known medical or physical problems that may hinder the applicant's performance or become aggravated during activities in the Explorer program:

List any regular prescribed medications being taken by the applicant:

LEGAL HISTORY

If you have ever received a traffic citation list them below and give a detailed explanation of the disposition. If this section does not apply to the applicant indicate - Does not apply.

Charge	City	Date	Disposition

List any criminal offenses that you have been handled for in which you were either a suspect or an actor. Give a detailed explanation of the disposition. (List dismissed, Teen court, community service, deferred adjudication, fine or imprisonment) If this section does not apply indicate - Does not apply.

Offense	City	Date	Disposition

To the best of our knowledge, the information entered into this packet is accurate and complete. We give our permission to contact any agencies necessary to confirm or refute any information placed on this application or that is learned about through the background investigation. We give our permission for full participation in any and all approved Explorer functions.

Parent/Guardian Signature _____ Date _____

Applicant Signature _____ Date _____

Ellis County Sheriff's Office
Explorer Release

MEDICAL RELEASE

_____ has my permission to participate in the Ellis County Sheriff's Office Exploring Program.
(Name of Applicant)

I know of no health or fitness restriction(s) that preclude his/her participation. In the event of illness or injury occurring to the applicant while involved in any activity, I consent to x-ray examination, anesthesia, medical, and/or surgical diagnostic procedures or treatment that is considered necessary in the best judgment of the attending physician and performed by or under the supervision of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, and I cannot be reached, I hereby grant the Ellis County Sheriff's Office permission to consent to necessary and appropriate medical treatment and that all reasonable efforts to reach me will be attempted.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____

Home Phone # _____ Work Phone # _____

Pager # _____ Cell Phone # _____

Other Numbers _____

Health/Accident Insurance Company _____

Policy Number _____

Personal Physician _____ Phone # _____

Ellis County Sheriff's Office

Explorer Consent form

Statement of Consent and Limitation of Liability

_____ desires to participate in a program conducted by the Sheriff's Office known as the
(Name of Applicant)
Exploring Program.

In consideration of the permission granted to us by The County of Ellis, Texas, to accompany, observe, and otherwise associate with peace officers and civilian employees and volunteers of the Ellis County Sheriff's Office as part of the Exploring program, (I)/(We), hereby waive all claims of damages or loss to the above named person or property which may be caused directly or indirectly by an act or omission of the County of Ellis, the Ellis County Sheriff's Office, their peace officers, agents, employees or civilians volunteering with the Exploring Program. (I)/(We) assume the risk of all-dangerous conditions or occurrences. (I)/(We) further release and forever discharge the County of Ellis and the Ellis County Sheriff's Office, their peace officers, agents, employees or civilian volunteers whether real or asserted, of every nature, kind, and character whatsoever arising out of said Exploring Program and do hereby covenant not to sue.

Signature of Applicant _____ Date _____

Signature of parent/guardian _____ Date _____
Required if under 18 or living at home

**Ellis County Sheriff's Office
WEB SITE
WAIVER OF LIABILITY AND RELEASE AGREEMENT
EXPLORER**

Please initial the applicable provision below:

I hereby acknowledge that:

_____ **Parent, guardian or managing conservator of minor:**

I am the parent/guardian/managing conservator of a participant less than 18 years of age in the Ellis County Sheriff's Office Exploring program. Said participant has my permission for the Ellis County Sheriff's Office to display photographic likenesses and editorials regarding the Ellis County Sheriff's Office Exploring program. I hereby waive all claims against the Boy Scouts of America, Learning for Life, the Texas Law Enforcement Explorer Advisors Association, Ellis County Texas, their officers, employees, volunteers, agents or representatives for misuse of any contents displayed on the Ellis County Sheriff's Office website by any other individual(s) not in conjunction with Ellis County, Texas. I hereby release and forever discharge the Boy Scouts of America, Learning for Life, Texas Law Enforcement Explorer Advisor Association, County of Ellis, Texas, their officers, employees, volunteers, agents, or representatives of and from all claims, demands and suits.

_____ **Participant who is 18 or older:**

I am a participant in the Ellis County Sheriff's Office Exploring program and am 18 years old or older. I give permission for the County of Ellis, Texas to display photographs of my likeness and editorials regarding the Ellis County, Texas Sheriff's Exploring program. I hereby agree to waive all claims against the Boy Scouts of America, Learning for Life, Texas Law Enforcement Explorer Advisors Association, County of Ellis, Texas, their officers, employees, volunteers, agents or representatives for misuse of any contents displayed on the Ellis County Sheriff's website by any other individual(s) not in conjunction with the County of Ellis, Texas. I hereby release and forever discharge the Boy Scouts of America, Learning for Life, Texas Law Enforcement Explorer Advisor Association, County of Ellis, Texas, their officers, employees, volunteers, agents, or representatives of and from all claims, demands and suits.

_____ **Participant under 18 who is not a minor:**

I am a participant at least 16 years of age in the Ellis County Sheriff's Office Exploring program and living separate and apart from my parents, managing conservator, or guardian, self-supporting and managing my own financial affairs, and a resident of Texas. I give my permission for the County of Ellis, Texas to display photographs of my likeness and editorials regarding the Ellis County Sheriff's Exploring program. I hereby agree to waive all claims against the Boy Scouts of America, Learning for Life, Texas Law Enforcement Explorer Advisors Association, and the County of Ellis, Texas, their officers, employees, volunteers, agents or representatives for misuse of any contents displayed on the Ellis County Sheriff's Office website by any other individual(s) not in conjunction with the County of Ellis, Texas. I hereby release and forever discharge the Boy Scouts of America, Learning for Life, Texas Law Enforcement Explorer Advisors Association, County of Ellis, Texas, their officers, employees, volunteers, agents, or representatives of and from all claims, demands and suits.

I/we, the undersigned, have read and understand the above stated waiver of liability and release agreement and agree to it.

Printed name of Participant _____ Signature of Participant _____

Printed name of Parent/Guardian/Managing Conservator _____

Signature of Parent/Guardian/Managing Conservator _____

Address and Phone number of person who signed above _____

Phone _____

Date this document signed _____