

HABERSHAM COUNTY SHERIFF'S OFFICE

EXPLORER POST 510

APPLICATION PACKET

NOTICE: PRINT ALL INFORMATION NEATLY AND CLEARLY ON THE FORMS. USE BLUE OR BLACK INK ONLY.

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WHAT TO DO:

New Applicant Information	Read/Sign and Parent/Guardian Sign
Medical Release Form	Parent/Guardian Sign and Notarize
Hold Harmless and Release Form	Parent/Guardian Sign and Notarize
Phone List Information	Complete and Return
Emergency Information Form	Complete and Return
Application for Entry Form	Complete and Return
Essay	Complete and Return
Acknowledgement Form	Read/Sign and Parent/Guardian Sign
Background Check Consent Form	Parent/Guardian Sign and Notarize
G.C.I.C. Awareness Statement	Read and Sign, Return
Publication Release Form	Read/Sign, Parent/Guardian & Witness Sign

All forms and documents must be completed upon turning in this packet.

New Applicant Information

The following guidelines are to be followed by new applicants to the Habersham County Sheriff's Office.

1. Members of the Habersham County Sheriff's Explorers shall exemplify the standards of the Habersham County Sheriff's Office. Only applicants with no criminal background need apply.
2. Explorers have regularly scheduled meetings. Explorers must attend three consecutive meetings before membership to the post can be approved.
3. Applicants must complete this application and submit at prescribed location and time in order to be considered for the Habersham County Sheriff's Explorers program.
4. Uniforms will be issued to the applicant only when the Post Advisor(s) confirm that the applicant meets the standards set for the in the policy of the Habersham County Sheriff's Office Explorers Program. All uniforms, ID cards, patches or any other gear issued by the Habersham County Sheriff's Office shall be the sole property of the Explorers Program. The transfer, selling or alteration of that property is strictly prohibited.
5. All uniforms, Identification cards, patches or any other equipment must be returned to the Post within fourteen (14) days of separation or termination from this Post. You will be held accountable for all property not returned to the Post within thirty (30) days of separation.
6. It is the responsibility of the Explorer to ensure the return all of the items indicated to the Post Advisor(s).
7. All new applicants will be issued and must familiarize themselves with the Habersham County Sheriff's Explorers Standard Operating Procedures (S.O.P.) manual. Every Explorer is expected to abide by its guidelines. Failure to do so will result in disciplinary action or termination from the Post.
8. As a resident of Habersham County, all new applicants must be at least fourteen years of age and must have completed a ninth (9th) grade level of education. Explorers are required to maintain a satisfactory GPA of 2.0 or higher.
9. All Explorers are subject to a partial or complete medical examination by a Physician.
10. All Explorers are subject to a drug-screening test as well as a criminal background check at any time while an Explorer of this program.

New Applicant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Medical Release Form

The undersigned, parents or guardians of _____, authorize a member of the Habersham County Sheriff's Office and/or one of the Post Advisors of the Explorers Program to treat should an injury occur while _____ is acting in the capacity of an Explorer in this program. This is to include transport and/or care at the local medical facility.

This form is for all activities the above Explorer will participate in with the Habersham County Sheriff's Office Explorer Program. This authorization will remain effective until written withdrawal of consent, withdrawal from the Habersham County Sheriff's Office Explorers Program, separation or termination from Post 510.

This form **must** be filled out entirely for an applicant to be considered for entry into the program.

Printed Parent or Guardian's Name

Date

Parent or Guardian's Signature

Insurance Company

Notary

Insurance Policy Number

Name of Insured

HOLD HARMLESS AGREEMENT

WHEREAS, the undersigned, _____ desires to become an Explorer of the Habersham County Sheriff's Office in order to observe the roles and activities of employees acting under official capacity of the Habersham County Sheriff's Office;

NOW, THEREFORE, for and in consideration of the use of the premises, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned does hereby declare and agree to the following:

(a) agree and warrant that they do hereby release, defend, indemnify and save harmless the County of Habersham, its officers, directors, employees, and any other person, firm or corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors and assigns and agents from any and all costs, expenses, restrictions, claims, demands, suits, actions, proceedings, damages, liabilities, deficiencies, judgments, levies, costs or expenses, including, but not limited to, attorney's fees and expenses of any kind and nature, including, but not by way of limitation, any claim for damages to property or injuries to or death of any person or persons relating to or arising from riding with a member of the Habersham County Sheriff's Office or arising out of any activities in connection with the Explorer program and/or ride-along with the Habersham County Sheriff's Office regardless of whether arising from the negligence or wrongful acts, errors or omissions of the County of Habersham;

(1) Explorers may, upon reaching the age of 18 and having an approval letter from the Sheriff, participate in the agency's ride along program.

(b) agree and warrants that they shall reimburse the County of Habersham for legal fees and other costs incurred in the County of Habersham's defense of such claims of litigation. The County of Habersham shall have the right to participate in the defense of any claims or litigation and shall have the right to approve any settlement;

(c) agrees that this release extends and applies to, and also covers and includes, all unknown, unforeseen unanticipated and unsuspected injuries, damages, loss and liability, and the consequences thereof, as well as those now disclosed and known to exist. The provisions of any state, federal, local or territorial law or statute providing in substance that releases shall not extend to claims, demands, injuries or damages which are unknown or unsuspected to exist at the time, to the person executing such release, are hereby expressly waived;

(d) acknowledge that the waiver hereby releases and discharges the County of Habersham, its officers, directors, employees and agents, of any and all claims, relating to any bodily and personal injuries or damages to property and the consequences thereof resulting from their participation in the Explorer program and/or ride-along with the Habersham County Sheriff's Office. The undersigned further covenants with the County of Habersham that they, their heirs, executors, assigns and transferees will never at any future time sue the County for or on account of any claim for damages arising out of their participation in the Explorer program and/or ride-along with the Habersham County Sheriff's Office whether such claims arise by the negligence of the County of Habersham, its employees or agents, or by the negligence of any other participant;

(e) agrees and understands that the agreement by the County of Habersham to allow the undersigned to ride with a member of the Habersham County Sheriff's Office is not to be construed as an admission of liability and acceptance of assumption of responsibility by the County of Habersham, its officers and members.

WITNESS the hand and seal of the undersigned, this _____ day of

_____, 20____.

"Undersigned":

(Signature)

Signed, sealed, sworn to, and
subscribed before the under-
signed unofficial witness and
notary public

Unofficial Witness

Notary Public
(stamp/seal)
Commission Date:

Must provide at least two (2) emergency contacts:

Emergency Contact 1:

Name: _____ Relation: _____

Home: _____ Work: _____

Cell: _____

Emergency Contact 2:

Name: _____ Relation: _____

Home: _____ Work: _____

Cell: _____

Emergency Contact 3:

Name: _____ Relation: _____

Home: _____ Work: _____

Cell: _____

Emergency Contact 4:

Name: _____ Relation: _____

Home: _____ Work: _____

Cell: _____

Medical History:

Have you ever been hospitalized? YES NO (Circle one)

If YES, please explain:

Do you currently take any long-term medication? YES NO

If YES, please explain:

Do you suffer from any medical conditions? YES NO

If YES, please explain:

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Are you allergic to anything? YES NO (Circle One)

If YES, please explain:

Is there anything you feel it is necessary for us to know? YES NO (Circle One)

If YES, please explain:

Note: This information must be kept current and it is the individual Explorer's responsibility that current records are maintained with the Post.

List all organizations, clubs, and associations, which you are currently participating with:

What are your hobbies, special skills, abilities and/or achievements?

Are you currently employed? YES NO (Circle One)

If YES, with whom: _____

Supervisors Name	Work Address
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Job Title: _____ How long employed: _____

Days/Hours you work: _____

Would your job interfere with your explorer duties? YES NO (Circle One)

If YES, please explain how: _____

Have you ever been detained by the police? YES NO (Circle One)

If YES, please explain: _____

Have you ever been charged or convicted of a crime or juvenile offense, aside from traffic violations? YES NO (Circle One)

If YES, please explain: _____

List all traffic citations that you have received:

Location (Agency)	Approx. Date	Nature of Violation	Penalty	Disposition
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List your career and education goal(s):

References: (NO Immediate Family Members)

Reference 1:

Name: _____ Relation: _____
Home Phone: _____ Work Phone: _____

Reference 2:

Name: _____ Relation: _____
Home Phone: _____ Work Phone: _____

Reference 3:

Name: _____ Relation: _____
Home Phone: _____ Work Phone: _____

Who recommended you for the Explorer Program or how did you hear about it?

Are you a U.S. citizen? YES NO (Circle One)

If NO, please explain why and if you are planning to be one:

Have you ever participated in the Boy Scouts or Girl Scouts? YES NO (Circle One)

If YES, what was your rank? _____

Have you ever been terminated from another Explorer post or any Boy Scouts of America organization? YES NO (Circle One)

If YES, please explain when, why and by whom: _____

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Do you smoke cigarettes? YES NO (Circle One)

Do you chew tobacco? YES NO (Circle One)

Have you ever done drugs? YES NO (Circle One)

If YES, please explain when and what: _____

Have you ever consumed alcohol? YES NO (Circle One)

If YES, please explain when, why, and where: _____

Has any disciplinary action ever been taken against you at school? YES NO (Circle One)

If YES, please explain when and why: _____

Are you presently, or were you ever, affiliated with any cult, gang, or organized crime? YES NO (Circle One)

If YES, please explain when and who: _____

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Acknowledgement Form

Please read and sign:

All information that I have given on this application is truthful and contains no false information nor misrepresentations. I also understand that any falsehood, intentional omission or half-truth discovered by the Habersham County Sheriff's Office will be grounds for termination or denial into the Explorers Program. I also understand that all the information contained in this application will be held confidential.

Applicant's Signature

Date

Parent/Guardian's Signature

Reviewed by:

Advisor Signature

Date

Background Check Consent Form

The undersigned, parents or guardians of _____, a member of the Habersham County Sheriff's Explorer, hereby authorizes the Habersham County Sheriff's Explorer Advisor or his designee to conduct a thorough criminal background investigation. This is to include, but not limited to a criminal history check, driver's history check, school attendance and academic records check, interviews of family/friends/acquaintances for the purpose of acceptance and continued participation in the Habersham County Sheriff's Explorer Program.

Explorer's Signature

Date

Printed Parent or Guardian's Name

Parent of Guardian's Signature

Signed, sealed, sworn to, and
subscribed before the under-
signed notary public:

Notary Public
(stamp/seal)
Commission Date:

GEORGIA CRIME INFORMATION CENTER AWARENESS STATEMENT

Access to Criminal Justice Information, as defined in GCIC Council Rule 140-1-.02 (amended), and dissemination of such information are governed by state and federal laws and GCIC Council Rules. Criminal Justice Information cannot be accessed or disseminated by any employee except as directed by superiors and as authorized by approved standard operating procedures which are based on controlling state and federal laws, relevant federal regulations, and the Rules of the GCIC Council.

O.C.G.A. §35-3-38 establishes criminal penalties for specific offenses involving obtaining, using, or disseminating criminal history record information except as permitted by law. The same statute establishes criminal penalties for disclosing or attempting to disclose techniques or methods employed to ensure the security and privacy of information or data contained in Georgia criminal justice information systems.

The Georgia Computer Systems Protection Act (O.C.G.A. §16-9-90 et seq) provides for the protection of public and private sector computer systems, including communications links to such computer systems. The Act establishes four criminal offenses, all major felonies, for violations of the Act: Computer Theft, Computer Trespass, Computer Invasion of Privacy, and Computer Forgery. The criminal penalties for each offense carry maximum sentences of fifteen (15) years in prison and/or fines up to \$50,000.00, as well as possible civil ramifications. The Act also establishes Computer Password Disclosure as a criminal offense with penalties of one (1) year in prison and/or a \$5,000.00 fine.

The Georgia Criminal Justice Information System Network is operated by the Georgia Crime Information Center in compliance with O.C.G.A. §35-3-31. All databases accessible via CJIS Network terminals are protected by the Computer Systems Protection Act. Similar communications and computer systems operated by municipal/county governments are also protected by the Act.

By my signature below, I acknowledge that I have read and understand this Awareness Statement.

Print Name: _____

Signed: _____

Date: _____

Reviewed 2013/Last Revised 2010

Publication Release Form

I hereby assign and grant to the **Habersham County Sheriff's Office** the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me by the **Habersham County Sheriff's Office**, and I hereby release the **Habersham County Sheriff's Office** from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the **Habersham County Sheriff's Office** and I specifically waive any right to any compensation I may have for any of the foregoing.

PLEASE PRINT CLEARLY

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Troop #: _____

Signed: _____

Guardian: _____

(if under the age of 18)

Witness: _____

Date: _____