



GILCHRIST COUNTY SHERIFF'S OFFICE EXPLORERS PROGRAM



Law Enforcement Exploring is a "special interest" program chartered by the Boy Scouts of America under the "Learning for Life" division. The Explorer Program is designed to give the student a working knowledge of the police function within the community, as well as being of service to the Sheriff's Department.

EXPLORER ENROLLMENT REQUIREMENTS

1. Candidates must be between the ages of 14 and 21.
2. Candidates must have completed the 8th Grade.
3. Candidates must be a resident of Gilchrist County.
4. Candidates must be enrolled in or graduated from the Gilchrist County School System (some exceptions) with a minimum of a 2.0 or C GPA.
5. Candidates must have not been arrested or convicted of any crimes.
6. Candidates must have a lifestyle free of illegal drug use. No alcohol use. No tobacco use.
7. Candidates must complete an interview with the Post Advisor.
8. A background check will be conducted on applicant prior to being accepted into the Program.

APPLICATION PROCESS

The following documents must be received with the application prior to or during the interview.

1. A copy of the applicants birth certificate or Florida driver's license/ID card.
2. A copy of the current and most recent School Report Card.

Questions:
Please Contact
Lt. Jeff Manning
Gilchrist County Sheriff's Office
Sheriff's Explorer Post, Advisor
Office: 352-463-3410
E-mail: explorers@gcso.us

**GILCHRIST COUNTY SHERIFF'S OFFICE
EXPLORER PROGRAM**

NAME: _____

DATE OF BIRTH: _____ RACE: ___ SEX: ___ HEIGHT: _____ WEIGHT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SOCIAL SECURITY NUMBER: _____

HOME PHONE: _____ CELL: _____

E-MAIL: _____

DRIVER'S LICENSE/ID CARD #: _____

VEHICLE INFORMATION: YEAR: _____ MAKE: _____ MODEL: _____

SCHOOL: _____

OTHER SCHOOL ACTIVITIES: _____

PLACE OF EMPLOYMENT (if applicable): _____

POSITION: _____ PHONE: _____

PARENT/GUARDIAN NAME: _____

LIVE WITH: _____

NAME(S) RELATIONSHIP: _____

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PARENTAL CONSENT FORM

As the parent or legal guardian of Explorer _____,
(Print Student's Name)

I, _____, give my permission for my child to participate
(Print Parent/Guardian Name)

in all Gilchrist County Sheriff's Office Explorer Program activities. These activities include, but are not limited to, participation in special events involving traffic direction, pedestrian direction, field trips to local businesses, government buildings and training facilities, and other Sheriff's Department functions. I understand that my child will be chaperoned and supervised by the Explorer Post Advisor, an approved volunteer chaperone, or a Gilchrist County Sheriff's Office sworn officer during all activities. I give my consent and permission for him/her to ride in a county vehicle and with another Explorer, in their personal vehicles. This includes traveling to or from any Explorer Meeting, event or trip. I hereby release Gilchrist County, it's Officers and employees, Explorer Program, and the Explorer Post Advisor from responsibility for accident or injury arising from this transportation.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Student Name (Printed)

Student Signature

Date

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ACADEMIC & BEHAVIOR REPORT REQUEST

As the parent or legal guardian of Explorer _____,
(Print Student's Name)

I, _____, give my permission for a supervisor or
(Print Parent/Guardian Name)

Representative of the Gilchrist County Sheriff's Explorer Program to obtain a copy of my child's
School Report Card and Dean's Disciplinary files from the Gilchrist County School Board or school(s)
in which my child attends.

Name and address of student's school

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Student Name (Printed)

Student Signature

Date

**GILCHRIST COUNTY SHERIFF'S OFFICE
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EMERGENCY CONTACT INFORMATION

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other Phone: _____

Relationship: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other Phone: _____

Relationship: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other Phone: _____

Relationship: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other Phone: _____

Relationship: _____

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**CONSENT FOR MEDICAL TREATMENT
RELEASE OF CARE**

READ BEFORE SIGNING

In consideration of being allowed to participate in anyway with this program, related events, and activities, the undersigned acknowledges, appreciates, and agrees that:

Explorer Name: _____

In case of medical emergency, I, _____
agree and authorize the Gilchrist County Sheriff's Office personnel or its agent to seek medical attention for my child which will be taken to the nearest medical facility or hospital for treatment. Parent/guardian notification will be made immediately.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Phone Number

MEDICAL INSURANCE INFORMATION

Name of Insurance: _____

Name of Policy Holder: _____

Policy Number: _____ Group Number: _____

Misc. Information: _____
