

**Ellis County Sheriff's Office
Explorer Application**

Applicant's Name: _____



All pages must be completed in black or blue ink. All waivers must be signed to participate in the ECSO Exploring Program. Any acts of falsifying, misleading, omission or lying about any part of this application are grounds for removal or dismissal from the program. When packet is completed, return it to the ECSO Explorer Advisor as soon as possible.

CONFIDENTIAL

Date Received: _____

Signature of Post Advisor: _____

Approved / Denied Date: _____ Explorer ID#: _____

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Name of Applicant: _____

Last,

First

Middle

Date of Birth: _____ Home Phone#: _____

Please answer the following questions. (Please attach a blank sheet of paper if additional space is needed)

1. Why do you want to become a Law Enforcement Explorer?
2. How did you find out about the Exploring Program?
3. What fields of work are you interested in?
4. What qualities do you possess that will make you a good Explorer?
5. Being an Explorer means you are a leader, what makes you a good leader?
6. Have you ever been a member of an Exploring program? If so, where?

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Application and Personal History Statement

Full Name (Legal Name): _____
Last, First Middle

Race: _____ Sex: _____ Date of Birth: _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Home Phone#: _____ Cell Phone#: _____

Email Address: _____

Facebook/Myspace/ Twitter IDs (List All) _____

Drivers License and or State ID Number: _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

School Attending or Graduated _____ Grade _____

Employer: _____

Address: _____ City: _____ State: _____

Job Title: _____ Co-Worker: _____

Supervisor: _____ Employer Phone#: _____

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Mother's Name: _____

Mother's Address: _____

Mother's Home Phone: _____ Cell Phone: _____

Mother's Employer: _____ Work Phone: _____

Mother's Email Address: _____

Father's Name: _____

Father's Address: _____

Father's Home Phone: _____ Cell Phone: _____

Father's Employer: _____ Work Phone: _____

Father's Email Address: _____

Step Mother's Name (If Applicable): _____

Step Mother's Address: _____

Step Mother's Home Phone: _____ Cell Phone: _____

Step Mother's Employer: _____ Work Phone: _____

Step Mother's Email Address: _____

Step Father's Name (If Applicable): _____

Step Father's Address: _____

Step Father's Home Phone: _____ Cell Phone: _____

Step Father's Employer: _____ Work Phone: _____

Step Father's Email Address: _____

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Personal References:

This section you must list six (6) personal references, three of which must be adults that you have not listed on this application.

1. Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

How do you know them: _____

2. Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

How do you know them: _____

3. (Adult)

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

How do you know them: _____

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Personal References:

4. **(Adult)**

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

How do you know them: _____

5. **(Adult)**

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

How do you know them: _____

6. **(Adult)**

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

How do you know them: _____

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Applicant's Name: _____

Health/Accident Insurance Company: _____

Policy#: _____

Personal Physician: _____ Phone #: _____

Address: _____ City: _____

In Case of Emergency Notify

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Medical Information:

List any and all known allergies:

List any and all known medical or physical problems that may hinder your performance or become aggravated during activities in the Exploring Program:

List any regularly taken medications prescribed to you by any Physician:

Are you currently under a doctor's care, and if so what for:

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LEGAL / CRIMINAL HISTORY:

Have you ever received or have been given a ticket / citation for any type of offense? This includes traffic tickets, school violations, curfew violations, MIPs, etc. Applicant must list any and ALL violations. If this does not apply please write N/A in the blanks below.

<u>Charge</u>	<u>City</u>	<u>Date</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any and all criminal offenses that you have been handled for in which you were either a suspect or participant. Give detailed explanation of the disposition. (List dismissed teen Court, Community Service, Deferred Adjudication, Fine, or Imprisonment / Jail). If this section does not apply please write N/A in the blanks below.

<u>Offense</u>	<u>City</u>	<u>Date</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If the above section applies to you please attach an additional sheet of paper detailing the entire event.

Parent/Guardian Signature: _____ Date _____

Applicant Signature: _____ Date _____

(By applicant signing the above he or she swears that the above information is correct and true)

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MEDICAL RELEASE FORM

_____ 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 may preclude his or her participation. In the event of illness, sickness, or injury occur to the applicant while participating/involved with any activity, I give 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 or emergency medical staff/emergency medical technicians furnishing medical services/care. It is understood that in the event of serious illness/injury, and I cannot be reached in a reasonable amount of time, I hereby grant the Ellis County Sheriff's Office permission and consent to any and all necessary medical treatment.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Pager: _____

Other Emergency Contact Number(s): _____

Health/Accident Insurance Company: _____

Policy Number: _____ Group #: _____

Personal Physician: _____ Phone #: _____

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Statement of Consent & Limitation of Liability

_____ desires to participate in a law enforcement based program conducted by the Ellis County Sheriff's Office, known as the Exploring Program to wit: Ellis County Sheriff's Explorer Post 106.

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 to damages or loss to the above named person or property which may cause 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 civilian 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, and 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 years of age or living at home)

Witnessed by, _____ who is a State of Texas Notary on this date _____.

Seal of Notary

My Commission Expires on _____.

***** This page must be signed in the presence of a state notary *****

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Waiver of Liability & Release Agreement

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 the participant who is 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 any and all claims against the Boy Scouts of America (BSA), Learning for Life (LFL), Texas Law Enforcement Advisors Association (TLEAAA), Ellis County, their officers, employees, volunteers, agents, or representatives for misuse of any contents displayed on the Ellis County Sheriff's Office website (www.elliscountysheriff.com), the Ellis County Sheriff's Explorer website (www.ecsoexplorers.com), and the Ellis County website (www.co.ellis.tx.us) 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, and suits.

_____ Participant who is 18 or older:

I am a participant in the Ellis County Sheriff's Office Exploring program and I am 18 years of age or older. I give permission for the County of Ellis, Texas, the Ellis County Sheriff's Office, and the Ellis County Sheriff's Office Exploring Program to display photographs of my likeness and editorials regarding me as an Ellis County Sheriff's Office Explorer. I hereby agree to waive all claims against the Boy Scouts of America (BSA), Learning for Life (LFL), Texas Law Enforcement Advisor Association (TLEAAA), County of Ellis, Texas, their officers, employees, volunteers, agents or representatives for misuse of any contents displayed on the Ellis County website (www.co.ellis.tx.us), the Ellis County Sheriff's Office website (www.elliscountysheriff.com), and the Ellis County Sheriff's Explorer website (www.ecsoexplorers.com) 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, and suits.

_____ Participant under 18 who is not a minor:

I am a participant in the Ellis County Sheriff's Office Exploring program and I am at least 17 years of age and I am living separate and apart from my parents, managing conservator, or guardian, self-supporting and managing my own financial affairs, and resident of Texas. I give permission for the County of Ellis, Texas, the Ellis County Sheriff's Office, and the Ellis County Sheriff's Office Exploring Program to display photographs of my likeness and editorials regarding me as an Ellis County Sheriff's Office Explorer. I hereby agree to waive all claims against the Boy Scouts of America (BSA), Learning for Life (LFL), Texas Law Enforcement Advisor Association (TLEAAA), County of Ellis, Texas, their officers, employees, volunteers, agents or representatives for misuse of any contents displayed on the Ellis County website (www.co.ellis.tx.us), the Ellis County Sheriff's Office website (www.elliscountysheriff.com), and the Ellis County Sheriff's Explorer website (www.ecsoexplorers.com) 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, and suits.

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

Print name of Participant: _____ Signature of Participant: _____

Print name of Parent/Guardian/Managing Conservator: _____

Signature of Parent/Guardian/Managing Conservator: _____

Address & Phone number of person who signed above: _____

Phone: _____

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Date this document signed: _____

****BACKGROUND INVESTIGATORS NOTES DO NOT FILL OUT****

- Drivers License Check
- CCH Check
- Contact Applicant's School
- Contact Applicant's Parents
- Contact Applicant's References
- Contact Applicant's Employer
- Contact Applicant's Co-Worker
- Contact Applicant's Work Supervisor
- Contact Agencies where Applicant Resides
- Contact Applicant's References

Investigators Notes: _____
