



Chatham County Sheriff's Office Explorer Post 876 Application

1050 Carl Griffin Drive Savannah GA 31405

912-652-7682

Explorer Information

Full Name _____

Last

First

Middle

Address _____

Street

City

State

Zip

Phone () () () _____

Home

Cell

Pager

Date of Birth ___/___/___ Age ___ Hgt ___ Wgt ___ Hair ___ Eyes ___

Social Security # ___ - ___ - ___ Drivers License # _____

E-mail address _____ Prior Explorer Experience _____

School currently attending _____

School Phone# _____ Year of Graduation _____ Current GPA _____

Are you currently involved in any extracurricular activities (Sports, church, employment)? _____

Will these activities interfere with your Explorer Duties (2 meetings 2hrs monthly, and/or Sheriff's Office functions)? _____

If yes, explain (date/department) _____

Have you had any academic problems in school? _____ If yes, explain _____

Have you ever been arrested or detained by the Police for any reason? _____

If yes, explain _____

Please list any medical problems or disabilities we should know about.

Parent/Guardian Information

Father's Full Name _____

Address _____

Street

City

State

Zip Home

Home Phone (____) _____ Cell Phone _____

*Business Phone (____) _____ *Occupation _____

*Employer _____

Employer Address _____

Parent E-Mail Address _____

Mother's Full Name _____

Address _____

Street

City

State

Zip

Home Phone (____) _____ Cell Phone _____

*Business Phone (____) _____ *Occupation _____

*Employer _____

Employer Address _____

Parent E-Mail Address _____

Emergency Contact Information

_____	_____	_____
Name	Relationship	Phone
_____	_____	_____
Name	Relationship	Phone
_____	_____	_____
Name	Relationship	Phone

All information provided will be kept confidential.

*Provided for emergency contact use only.

References

List three references of people not related to you, who know you well.

Name

Phone

Name

Phone

Name

Phone

Membership

How did you hear about the Chatham County Sheriff's Explorer Program? _____

Briefly, tell us why you want to become a Chatham County Sheriff's Explorer. _____

What would you like to do after completing the Explorer Program and finishing school? _____

Are you willing to attend all scheduled meetings and events? _____

Are you willing to purchase all necessary equipment required of the Chatham County Sheriff's Explorers? _____

Are you willing to abide and follow all rules and regulations established by the Chatham County Sheriff's Explorers Post? _____

My signature affirms that all the previous information provided in this application is true and correct and any attempt to give false information, written or oral, with the intent to mislead the representatives of the Chatham County Sheriff's Explorer Program, will result in my membership application being immediately rejected. If I am accepted for membership, and it is later determined that false or misleading information was purposely provided in the application process, I acknowledged that I will be dismissed immediately from the Chatham County Sheriff's Explorer Program.

Signature of Applicant

Date

Signature of Parent/Guardian
(For Applicants Under 18 Years of Age)

Date

*All information provided will be kept confidential

Parent Authorization

This health history is correct so far as I know, and _____ (name of applicant) has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, order injections, or surgery for my son/daughter. I also understand it is my responsibility to update any medical or health information to the post advisors when necessary.

Signature _____

Date _____

Printed Name _____

Emergency Medical Release Form

The undersigned consents for _____ (name of applicant) to receive any necessary emergency medical treatment that becomes necessary while participating in any activities with Chatham County Sheriff's Explorers. I (we) do hereby separately, and severally, release and forever discharge all employees or members or the Chatham County Sheriff's Office and the Chatham County Sheriff's Explorers Program, or any other authorized participating person, firms, or organizations from any present and future liabilities as a result of authorized emergency medical treatment on child's behalf. This consent includes treatment by authorized medical personnel, including but not limited to emergency medical technicians, paramedics and physicians.

Applicant's Signature

Date

Printed Name

Parent/Guardian Signature
(For Applicants under Age 18 Years of Age)

Date

Printed Name

**Chatham County Sheriff's Explorers
Consent for Release of Information/Records and
Agreement to Return or Replace Equipment**

(To be signed by Parent/Guardian if applicant under 18 years of age)

Known all men by these presents that I, the undersign participant, being over eighteen (18) years of age, or the parent/legal guardian of _____ (participant), do hereby consent to the participation of my child in the Chatham County Sheriff's Explorer Program and all related activities, and I do hereby, separately and severally, release and forever discharge Chatham County, the Chatham County Sheriff's Office, members of the Chatham County Explorers Program and all other persons, firms or corporation participating in said program from any all liability for ever kind and character, including injury to the person or property of myself in connection therewith or in any way related thereto. I do further hereby agree to indemnify and hold Chatham County, the Chatham County Sheriff's Office, the Chatham County Sheriff's Explorer Program, it's agents, servants or employees from any liability, lawsuit, claim or damages occasioned by or resulting from any suit or claim arising from my direct or indirect participation in the Explorers Program.

I do further grant unto the Chatham County Sheriff's Office and the County of Chatham, the right to check my child's school records and receive a copy of my transcript of grades at any time during my participation in the Chatham County Sheriff's Explorer Program. I authorize and direct the release of such school records, grades and transcripts to Chatham County Sheriff's Office, its agent, servants or employees participating in the Chatham County Sheriff's Office Explorer Program, or any educational institution possessing the same.

I do hereby agree that should I resign or be terminated from the Chatham County Sheriff's Explorer Program, that I will promptly return all equipment assigned to me in good, clean working condition. I also understand that my failure to return equipment will result in me or my parent / guardian being held responsible for reimbursing Chatham County for the replacement cost of any damaged or unreturned equipment.

Done this _____ day of _____, 20_____.

Applicant Signature

Witness

Consenting Adult
(For Applicant under age of 18)

Witness

**Chatham County Sheriff's Explorer
Consent and Waiver by Consenting Adult**

(To be completed by Parent / Guardian or if Applicant is 18 or older)

I, _____ do hereby give permission to the
Parent / Guardian/ Applicant

Chatham County Sheriff's Explore Post to use any photography, video or audio transmissions of my child, (or myself) _____ for promotional or advertisement purposes related to Post activities.

Applicant Name

Date

Parent / Guardian

Date

Program Coordinator

Date received