



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

Explorer's Receive

Training, Respect & Appreciation

Nature of Work

The Brevard County Sheriff's Explorer receives a minimum of 40 training hours in Basic Law Enforcement in an Explorer's Academy. An Explorer will also receive ongoing training throughout the year via in-service and out in the field (field trips). Explorers demonstrate their learned skills while competing against other Explorer Programs throughout the County, State and/or Nation during training seminars. The Explorers most important job will be to use his/her learned skills to serve their community and its citizens in a positive manner. Explorers must uphold high standards of discipline (paramilitary), respect, honor and dedication to excellence in all areas of their lives.

Requirements and Necessary Document

- 1.** All Candidates: Age of 13 thru 18 Y.O.A. (may remain in the program until their 21st birthday)
- 2.** All Candidates: Must be a United States Citizen or Lawful Resident Alien
- 3.** All Candidates: Must have proof of active enrollment in school and maintain a 2.0 GPA or higher while in the program
- 4.** All Candidates **must not** have a criminal or gang background or involvement and **must** have good moral character as determined by a background check.
- 5.** All Candidates **must** be drug (illegal) free including alcohol and tobacco.
- 6.** All Candidates: Should have a career interest in Law Enforcement, the Criminal Justice System and/or a Community Service related field.
- 7.** All Candidates: Must have and give a 100% commitment to attended mandatory weekly meetings and assigned details (at least two weekends a month).
- 8.** Candidates that are Minors: Must have 100% support from parents/guardians.

Closing Date Open until positions are filled

How To Apply Application may be obtained at the Brevard County Sheriff's Office, 2575 N. SR. 3, Merritt Island, Florida 32953.

Questions: (321) 403-4157

Jonathan.sperling@bcso.us

Deputy Jon Sperling, Senior Advisor



Brevard County Sheriff's Office Explorer Application

Last Name		First Name		Middle Name	
Date of Birth		Age		Social Security Number	
Mailing Address				City	
				State	
				Zip Code	
Home Phone Number		Work Phone Number		Cellular/Pager Number	
E-mail Address					

Place of Birth (Country)		County/State		Race		Sex		Height Feet'/Inch'	
Weight			Eye Color			Hair Color			
List any Scars, Marks or Tattoos									

By signing this document, I certify that all of the information on this entire application is true and complete to the best of my knowledge. I understand that all information is subject to investigation and that omission, falsification, or misrepresentation is sufficient cause for rejection of this application, removal of my name from consideration, or dismissal from service. **I understand that the Brevard County Sheriff's Office is a Drug Free Workplace and that all Explorers must be Drug Free.**

I understand that this application is the property of the Brevard County Sheriff's Office and information contained herein is public record. I am also attesting that I understand and meet all of the minimum requirements of the position I am applying for as stated on the job announcement.

Print Applicant's Full Name	Signature	D.O.B. or SSN#	Date
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Parent/Guardian's Full Name	Signature	D.O.B. or SSN#	Date
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Education/Training: List all education/training which you feel relates to the position for which you are applying. Describe in sufficient detail to demonstrate that you meet the minimum requirements of the position.

High School Information: Are you currently enrolled (check one) Yes No

If you graduated provide the year 20_____.

Name of School: _____ Phone #: _____

Current Grade: _____ What is your G.P.A.: _____ List any clubs or activities your are part of:

College/University/Trade School Information: Are you currently enrolled (check one) Yes No

If you graduated provide the year 20_____.

Name of School: _____ Phone #: _____

Current Level: _____ What is your G.P.A.: _____ Major Study: _____

List any clubs or activities your are part of: _____

If not in school, have you graduated (check one, Yes No) or do you have a GED (check one, Yes No)

Please describe future educational plans: _____

Please list below any and all certification, qualifications, or licenses in any area: _____

Driving License Information:

Do you have a valid drivers license (check one, Yes No) . If yes, what State: _____

D.L.#: _____ Expiration Date: _____



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Employment: Please list all full-time and part-time work experience which you feel relates to the position for which you are applying. Start with the most recent related position and work back. Major changes in duties or job titles with the same employer should be listed as separate positions. Describe job duties in sufficient detail to demonstrate that you meet the minimum requirements of the position. Use additional sheets, in the same format, if necessary.

Most recent position:				
Title of Position		Employer		Complete Address (include zip code)
Start Date (M/D/Y)	End Date (M/D/Y)	Total Time (Years/Months)	Hours per Week	Reason for Leaving
Name/Title of Supervisor			Telephone Number	
Description of Job Duties:				

Next most recent position:				
Title of Position		Employer		Complete Address (include zip code)
Start Date (M/D/Y)	End Date (M/D/Y)	Total Time (Years/Months)	Hours per Week	Reason for Leaving
Name/Title of Supervisor			Telephone Number	
Description of Job Duties:				

Most recent position:				
Title of Position		Employer		Complete Address (include zip code)
Start Date (M/D/Y)	End Date (M/D/Y)	Total Time (Years/Months)	Hours per Week	Reason for Leaving
Name/Title of Supervisor			Telephone Number	
Description of Job Duties:				

Please answer the following four questions by circling the appropriate response. If you circle YES to any of the questions, make sure to provide detailed information in the corresponding box.



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Controlled Substance/Drug Use:

- | | | | |
|-----------|---|------------|-----------|
| 1. | Have you ever illegally used drugs or controlled substances? | YES | NO |
| 2. | Do you now or have you ever illegally possessed, supplied, or sold any drugs or controlled substances? | Yes | NO |

If you answered yes to one or both questions above, provide details below:

Name of Drug/Controlled Substance	First used on (Month/Year)	Last used on (Month/Year)	Total Times Used

Criminal History:

- | | | | |
|-----------|---|------------|-----------|
| 3. | Have you ever been arrested or detained by any law enforcement agency? | YES | NO |
| 4. | Have you ever been convicted of, or have you ever been found to have committed any civil or criminal law violations? | YES | NO |

If you answered yes to one or both questions above, provide details below:

Charge, Law Violation, or Circumstance	Location (City/State)	Detention, Disposition, or Penalty	Date of Office (M/Y)

By signing this document, I certify that all of the information provided is true and complete to the best of my knowledge. I understand that all information is subject to investigation and that omission, falsification, or misrepresentation is sufficient cause for rejection of my application, removal of my name from consideration, or dismissal from service.

Print Applicant's Full Name	Signature	D.O.B. or SSN#	Date
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Parent/Guardian's Full Name	Signature	D.O.B. or SSN#	Date
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Parental & Emergency Information

Parental Information

Guardian/ Father's Name: _____

Home Phone: [] _____

Cell/Pager: [] _____

Home Address: _____ **Work Phone:** [] _____

City: _____ **State:** _____ **Zip:** _____

Guardian/ Mother's Name: _____

Home Phone: [] _____

Cell/Pager: [] _____

Home Address: _____ **Work Phone:** [] _____

City: _____ **State:** _____ **Zip:** _____

Emergency Information

In the event of an emergency and the parent/guardian is unavailable, please list two individuals to be contacted:

1. Name: _____ **Home Phone:** [] _____

Cell/Pager: [] _____

Home Address: _____ **Work Phone:** [] _____

City: _____ **State:** _____ **Zip:** _____

2. Name: _____ **Home Phone:** [] _____

Cell/Pager: [] _____

Home Address: _____ **Work Phone:** [] _____

City: _____ **State:** _____ **Zip:** _____



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Applicant's Medical History

Last Name	First Name	Middle Name
Birth Date	Social Security Number	Race/Sex
Home Address	City/State	Zip Code

Medical Information

Health/Accident Insurance Company	Phone#	Policy #
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Have or Subject To (Print Yes or No)

<input type="checkbox"/> Asthmas	<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Convulsions
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Bleeding Disorders
<input type="checkbox"/> Allergy to any Medication, Food, Plant, Insect Bite, etc. (If Yes/please list) _____		

Any condition that may require special care, medication, or diet (If Yes/please explain) _____

Are you taking any medication? (If Yes/please list) _____

Any restrictions for any reason including medical? (If Yes/please list) _____

Applicant's/Parent Authorization

This medical history is correct so far as I know, and the person herein described 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 medical personnel and/or physician, selected by the adult leader in charge, to treat my son/daughter (listed applicant) for any medical or surgical emergency as deemed necessary by medical personnel and/or physician.

Applicant's Name (Print)	Signature	Date	Parent/Guardian's Name	Signature	Date
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Home Phone #	Work Phone#	Cell/Pager #
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I solemnly swear and affirm that the answers that I have made to each and all of the questions are true and complete to the best of my knowledge and belief. I agree and understand that any misstatements of material facts contained herein, will be cause for forfeiture on my part to all rights to membership in the Brevard County Sheriff's Office Explorer Program.

I hereby authorize the Brevard County Sheriff's Office to verify any and all facts listed on this application, and to contact any references I have listed.

Date

Signature of Applicant

Signature of Parent/Guardian

As the parent/guardian of the minor child applying for membership to the Brevard County Sheriff's Office Explorer Program, I hereby give my permission for my child to become a member of the Brevard County Sheriff's Office Explorer Program.

Date

Signature of Parent/Guardian

**STATE OF FLORIDA)
) SS
COUNTY OF BREVARD)**

On this _____ day of _____, 20____,

**Before me personally appeared _____
to me well know to be the same person described in and who executed the foregoing document, who having
been duty sworn/or affirmed before me, stated that to the best of their knowledge and belief that the
statements and answers to the questions in foregoing questionnaire contained, whether in writing or in print,
are true.**

Driver's License Number

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE



Brevard County Sheriff's Office Explorer Application

REQUEST FOR PERMISSION TO RIDE AS AN EXPLORER AND HOLD HARMLESS/INDEMNIFICATION AGREEMENT

I _____, being 18 years of age or older, do hereby request permission from the Brevard County Sheriffs Office (hereinafter referred to as "BCSO") for my minor child, a BCSO EXPLORER, to ride in an authorized BCSO vehicle and participate in BCSO EXPLORER functions, subject to the following conditions:

If permission is granted, my minor child will obey all instructions, orders, or commands given to my minor child by any BCSO employee during the ride or such functions. I understand that such instructions, orders, and commands will be for my minor child's safety and protection.

I am fully aware of and appreciate the fact that, as an Explorer, my minor child may experience or encounter many of the dangers associated with law enforcement work including, but not limited to, vehicle accidents and altercations with dangerous individuals. I fully realize and appreciate the fact that such dangers may result in physical harm, injury, or death to my minor child.

I, on behalf on my minor child, myself, my heirs, executors and administrations, voluntarily accept any or all risks associated with this activity, and agree to hold harmless and indemnify BCSO, the Sheriff or Brevard County, his directors, officers, deputies, employees, agents, representatives, volunteers and servants from any claim, cause of action, or lawsuit resulting from personal injury or property damage to my minor child or others during my minor child's participation as an **Explorer including any claim, cause of action or lawsuit based on the negligence, actions or inactions of BCSO, the Sheriff of Brevard County, his directors, officers, deputies, employees, agents, representatives, volunteers or servants.**

I, the undersigned, intending to be legally bound hereby, for my minor child, myself, my minor child's heirs, executors, and administrators, waive and release any and all rights and claims for losses and damages including, but not limited to, personal injuries and property damage, that exist, now or in the future, against BCSO, the Sheriff of Brevard County, his directors, officers, deputies, employees, agents, representatives, volunteers and servants resulting, either directly or indirectly, from my minor child's participating as a BCSO Explorer, **including any claim, cause of action or lawsuit based on the negligence, actions or inactions of BCSO, the Sheriff of Brevard County, his directors, officers, deputies, employees, agents, representatives, volunteers or servants.**

I understand that this Hold Harmless and Indemnity Agreement includes any an all claims based on the negligence, actions or inactions of BCSO, the Sheriff of Brevard County, his directors, officers, deputies, employees, agents, representatives, volunteers or servants and covers bodily injury and property damage, whether suffered by my minor child or another person.

The parties recognize that in order to simplify the paperwork associated with each Explorer detail, function, special event, or trip, this agreement shall be applicable to all Explorer Activities.

It is further agreed that as an Explorer, my minor child will not carry a firearm.

In entering this Agreement, the parties represent that they have had a reasonable opportunity to seek and select legal advice and have relied upon the advice of their own legal representative, who is an attorney of their own choice, or have voluntarily chosen not to seek the advice of an attorney, and that the terms of this Agreement have been completely read and that hose terms are fully understood and are voluntarily accepted. In the event of litigation in connection with or concerning the subject matter of this Agreement, the prevailing party shall be entitled to recover all costs and expenses incurred by such party in connection therewith, including reasonable attorney's fees.



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Printed Name of Parent or Guardian

Signature of Parent or Guardian

Street Address

City

State

Zip Code

Phone

Name of BCSO Explorer

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,

By _____ who is personally known to me or who has produced
_____ as identification.

Notary Public

Typed/Printed Name of Notary



Brevard County Sheriff's Office Explorer Application

Date: October 3, 2005

To: Explorers and Explorer Parents/Guardians

From: Deputy Jon Sperling, Senior Advisor

Subject: Permission Slip for Explorer Website

I, _____ parent/legal guardian of Explorer _____ give my consent and permission to the Brevard County Sheriff's Department Explorers to include a photo of my child on the Explorers' website.

I, _____ parent/legal guardian of Explorer _____ do give my consent and permission to allow the Brevard County Sheriff's Explorers to include my child's name in a roster on the Explorer website.

Signature and Date