

**Osceola County Sheriff's Office**  
**Explorer Post 816**  
**Explorer Application**

**Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Hgt:** \_\_\_\_\_ **Wgt:** \_\_\_\_\_ **Hair Color:** \_\_\_\_\_ **Eye Color:** \_\_\_\_\_

**Present Home Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**How long have you lived at present address:** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_

**Have you ever used any type of drugs other than those prescribed by a physician?** \_\_\_\_\_  
**(Even experimental, or on a dare, including marijuana.)** \_\_\_\_\_

**Have you ever consumed an alcoholic beverage?** \_\_\_\_\_

**Have you ever smoked or used tobacco in any form?** \_\_\_\_\_

**Name of school you are attending:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**List all clubs or organizations of which you have been an active member:** \_\_\_\_\_

**Have you ever been suspended or expelled from school?** \_\_\_\_\_ **If so, why?** \_\_\_\_\_

**Have you ever been arrested?** \_\_\_\_\_ **If so, why?** \_\_\_\_\_

**Do you have a driver's license?** \_\_\_\_\_ **Drivers License #:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Have you ever received a traffic citation?** \_\_\_\_\_ **If yes, when?** \_\_\_\_\_

**Do you have any special talents?** \_\_\_\_\_

**Why do you want to be an explorer?** \_\_\_\_\_

**FOR OFFICIAL USE ONLY:** **QI CHECK DATE:** \_\_\_\_\_ **OUTCOME:** \_\_\_\_\_ **OPERATOR:** \_\_\_\_\_

Please list all members of your immediate family:

NAME	RELATIONSHIP	ADDRESS	OCCUPATION	D.O.B.

Father's Work Phone #: \_\_\_\_\_ Mother's Work Phone #: \_\_\_\_\_

Has any member of your immediate family ever been arrested? \_\_\_\_\_ If, yes explain:

\_\_\_\_\_  
\_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Where? \_\_\_\_\_

How long have you worked there? \_\_\_\_\_ Telephone # at work: \_\_\_\_\_

**REFERENCES:** List the names of three persons who are not related to you, not former employers, but are persons you have known for a reasonable amount of time. The persons you list may be asked to appraise your character, ability, experience, personality, and other qualities:

NAME	ADDRESS	OCCUPATION	PHONE #

I affirm that this application contains no misrepresentation or falsification, omission, or concealment of material fact and that information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me are subject to investigation.

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_

Notary Public

Print, Type or Stamp Commissioned Name

Personally known \_\_\_\_\_ or produced identification \_\_\_\_\_, type of ID \_\_\_\_\_

**Osceola County Sheriff's Office**  
**Explorer Post 816**  
**STATEMENT OF CONFIDENTIALITY**

Florida Statutes prohibits the unauthorized disclosure of information from particular police records, including, but not limited to, juvenile cases, cases involving sexual battery and child abuse, pending Internal Affairs investigations, FCIC and NCIC information.

I understand the unauthorized disclosure of this or other protected information could lead to my dismissal from the program and possible criminal penalties.

As an Explorer for the Osceola Sheriff's Office, I understand that I will be held accountable under law for the disclosure of any information related to police matters or confidential cases. I further understand that I will not release, share, either verbally or in writing, any information obtained as a result of my participation as an Explorer unless specifically authorized in advance by an Osceola Sheriff's Office supervisor.

\_\_\_\_\_  
Explorer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**PHOTOGRAPHIC PERMISSION**

Explorer's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

The Osceola County Sheriff's Office utilizes photographs and videotaping of the post and its activities for training, competition, and for their promotional material.

\_\_\_\_\_ I hereby give my permission for my child to be photographed or videotaped while staying and participating in the activities of the Sheriff's Explorer Post #816. I also give my permission for those photographs or videotaping to be used without charge by the Osceola County Sheriff's Office in their promotional materials.

\_\_\_\_\_ I DO NOT give my permission for my child to be photographed or videotaped by the Osceola County Sheriff's Office for use in their promotional materials.

\_\_\_\_\_  
Applicant Signature if 18 years old

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian if minor

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

**Osceola County Sheriff's Office**  
**Explorer Post 816**  
**Release of Civil Liability**

In consideration of the privileges being granted to \_\_\_\_\_  
by the Osceola County Sheriff's Office, Explorer Post 816 and the Osceola County Sheriff's  
Office to use Osceola County Sheriff's Office facilities and benefit from participation in the  
Osceola County Sheriff's Explorer program, I hereby assume all risks of personal injury or  
death, and property damage or loss, from whatever causes arise while the above-named  
child is using, intending to use, or has used these privileges, including but not limited to:  
Firearms Training, Simunition Training, Defense Tactics, Repelling, Obstacle Course, as  
well as being transported to and from any off-site location and approaching, entering or  
using any facility of the Osceola County Sheriff's Office.

Further, I indemnify and hold harmless the Osceola County Sheriff's Office, its officers,  
employees, agents and servants, from and against all damages, suits and claims, including  
attorney's fees, that may result from the above-named child using these privileges.

I further understand and agree that these privileges may be revoked at anytime by the  
Osceola County Sheriff's Office.

\_\_\_\_\_  
Applicant Signature if 18 years old

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian if minor

\_\_\_\_\_  
Date

**NOTARY PUBLIC INFORMATION**

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date

Personally known \_\_\_\_\_ or produced identification \_\_\_\_\_, type of ID \_\_\_\_\_

**Notary Public Stamp**

**Osceola County Sheriff's Office**  
**Explorer Post 816**  
**AUTHORIZATION FOR MEDICAL TREATMENT**

I, \_\_\_\_\_ as parent/guardian of \_\_\_\_\_,

hereby request that the Osceola County Sheriff's Office notify, if possible, the person(s) listed on the Osceola County Sheriff's Office Explorer Medical Profile in the event of illness, injury or emergency. If the listed person(s) cannot be reached or if the above-referenced minor child requires immediate medical treatment, I hereby request and authorize representatives of the Osceola County Sheriff's Office to seek immediate medical treatment and to transport, or seek the transportation, by ambulance if necessary, of said minor to a medical facility for any treatment deemed to be medically necessary for the health, safety or welfare of the child. Further, I give each and every employee of the Osceola County Sheriff's Office my power of attorney to execute any documents relative to obtaining such aforesaid medical treatment in my absence.

I hereby agree to be financially responsible for any medical treatment and Emergency Medical Services transportation not covered by the Boy Scouts of America, Explorer Group Policy.

\_\_\_\_\_  
Applicant Signature if 18 years old

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian if minor

\_\_\_\_\_  
Date

**NOTARY PUBLIC INFORMATION**

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date

Personally known \_\_\_\_\_ or produced identification \_\_\_\_\_, type of ID \_\_\_\_\_

**Notary Public Stamp**

**Osceola County Sheriff's Office**  
**Explorer Post 816**  
**MEDICAL PROFILE**

<b>NAME</b>		<b>D.O.B.</b>	
<b>ADDRESS</b>		<b>S.S. #</b>	
<b>CITY</b>		<b>PHONE #</b>	
<b>STATE/ZIP</b>		<b>PHONE #</b>	
<b>LEGAL GUARDIAN</b>		<b>PHONE #</b>	
<b>EMERGENCY CONTACT</b>		<b>CELL #</b>	

<b>ALLERGIES</b>	<b>MEDICATIONS</b>	<b>DOSAGE</b>

<b>MEDICAL HISTORY</b>			<b>IF YES, PLEASE EXPLAIN</b>
Y	N	ASTHMA	
Y	N	BLEEDING DISORDERS	
Y	N	DIABETES	
Y	N	EPILEPSY/SEIZURE DISORDER	
Y	N	BROKEN BONES	
Y	N	HEADACHES	
Y	N	HEARING PROBLEMS	
Y	N	HEART CONDITIONS	
Y	N	HIGH BLOOD PRESSURE	
Y	N	THYROID DISORDER	
Y	N	VISION PROBLEMS	
Y	N	ANY OTHER CONDITIONS?	
<b>TETANUS SHOT STATUS: (MARK ONE)</b>			<div style="display: flex; justify-content: space-between;"> <span>LESS THAN FIVE (5) YRS</span> <span>GREATER THAN FIVE (5) YRS</span> </div>

<b>PHYSICIANS NAME</b>		<b>PHONE #</b>	
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<b>MEDICAL INSURANCE NAME</b>	
<b>ADDRESS</b>	
<b>CITY, STATE, ZIP, PHONE #</b>	
<b>GROUP # / POLICY #</b>	

\_\_\_\_\_  
**Applicant if 18 or Parent/Guardian if minor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Notary Signature**

\_\_\_\_\_  
**Date**

**Personally known \_\_\_\_\_ ID \_\_\_\_\_,**

**NOTARY STAMP:**