



Broward Sheriff's Office

Explorer Program Application Form

Explorers Receive Training, Respect & Appreciation

Nature of Work

Explorers receive training on basic law enforcement. Explorers may have the opportunity to demonstrate their learned skills while competing against other Explorer Programs throughout the county, state and/or nation during training seminars. Upon successful completion of the Explorer's Academy, eight hours in the Dispatch Center, a valid Florida Driver's License and other requirements, an Explorer may participate in the ride-along program (active duty with a deputy sheriff). 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 paramilitary discipline, respect, honor and dedication to excellence in all areas of their lives.

Requirements and Necessary Documents

To participate in the Explorers Program at the Broward Sheriff's Office, **all candidates must:**

1. be at least 14 years of age (entering 9th grade), thru 18 years-of-age (participants may remain in the program until their 21st birthday).
2. be a United States Citizen or lawful resident alien.
3. must have proof of active enrollment in school and maintain a 2.0 or higher GPA while in the program.
4. be drug (illegal) free, including alcohol and tobacco.
5. have good moral character as determined by a background check and **must not** have a criminal or gang background or involvement.
6. provide a copy of his/her birth certificate, photo ID (driver's license if applicable) and a copy of their parents/guardians driver's license.
7. have and give a 100% commitment to attended mandatory weekly meetings and assigned details (at least two details a month).
8. have 100% support from parents/guardians.

In addition, all candidates should provide a copy of their health insurance card/information, and should have a career interest in law enforcement, the criminal justice system and/or a community service-related field.

Closing Date

Open until positions are filled

How To Apply

Applications may be obtained at the Broward Sheriff's Office, Countywide Operations Division, 2601 West Broward Boulevard, Fort Lauderdale, Florida 33312,.

Questions?

Contact the BSO Explorer Program by calling Deputy P. McGee, Senior Advisor, at (954) 321-4470 or (954) 605-6269.

The Broward Sheriff's Office is an equal opportunity agency and does not discriminate on the basis of age, citizenship (including citizenship status), color, disability, marital status, national origin, race, religion, sex or sexual orientation.



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Please type or print clearly. Do not leave any field blank. Enter "n/a" if not applicable.

Position Applying For: BSO Explorer
Referred by (include employee name, CCN number and relationship to applicant, if applicable):

Last name	First name	Middle name
Date of birth and age	Social Security number	Date of application
Mailing address	City and state	Zip Code
Home phone number (w/ area code)	Work phone number (w/ area code)	Cellular / pager number (w/ area code)
E-mail address		

Place of birth (county, state and country)	Race	Sex	Height (feet', inches")
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 Broward 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 Broward 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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Print parent/guardian's full name	Signature	D.O.B. or SSN#	Date
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Broward Sheriff's Office Explorer Program Application Form

Education and Training Background

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 in high school? <div style="text-align: right;">[] yes [] no</div>	If you have graduated, provide the year
Name of high school	High school phone number (w/ area code)
Current grade level in school	What is your G.P.A.?
List any clubs or organizations of which you are a member or activities in which you participate	

College / University / Trade School Information:

Are you currently enrolled? <div style="text-align: right;">[] yes [] no</div>	If you have graduated, provide the year
Name of school / college / university	School phone number (w/ area code)
Current level	What is your G.P.A.?
Major course of study	
List any clubs or organizations of which you are a member or activities in which you participate	
If not in school, have you graduated... <div style="text-align: center;">[] yes [] no</div>	...or do you have a GED? <div style="text-align: center;">[] yes [] no</div>
Describe your future educational plans	
List any and all certifications, qualifications or licenses in any area	



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Driver's License Information

Do you have a valid driver's license? <div style="text-align: center;"> <input type="checkbox"/> yes <input type="checkbox"/> no </div>	If yes, in which state was it issued?
Driver's license #	Date of expiration

Employment History

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 employer address (include zip code)	
Start date (M/D/Y)	End date (M/D/Y)	Total time with employer (years, months)	Hours per week
Reason for leaving			
Name / Title of supervisor		Supervisor's telephone number (w/ area code)	
Description of Job Duties:			

Next most recent position:

Title of position			
Employer		Complete employer address (include zip code)	
Start date (M/D/Y)	End date (M/D/Y)	Total time with employer (years, months)	Hours per week
Reason for leaving			
Name / Title of supervisor		Supervisor's telephone number (w/ area code)	
Description of Job Duties:			



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Next most recent position:

Title of position			
Employer		Complete employer address (include zip code)	
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Reason for leaving			
Name / Title of supervisor		Supervisor's telephone number (w/ area code)	
Description of Job Duties:			

Next most recent position:

Title of position			
Employer		Complete employer address (include zip code)	
Start date (M/D/Y)	End date (M/D/Y)	Total time with employer (years, months)	Hours per week
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Name / Title of supervisor		Supervisor's telephone number (w/ area code)	
Description of Job Duties:			



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

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

Print parent/guardian's full name Signature D.O.B. or SSN# Date



Broward Sheriff's Office Explorer Program Application Form

Parental & Emergency Information

Parent / guardian

Father's / Guardian's name:	
Home address	City, state, zip code
Home phone (w/ area code)	Work phone (w/ area code)
Cell phone or pager (w/ area code)	

Mother's / Guardian's name:	
Home address	City, state, zip code
Home phone (w/ area code)	Work phone (w/ area code)
Cell phone or pager (w/ area code)	

Emergency Contact Information

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

Contact #1	
Home address	City, state, zip code
Home phone (w/ area code)	Work phone (w/ area code)
Cell phone or pager (w/ area code)	

Mother's / Guardian's name:	
Home address	City, state, zip code
Home phone (w/ area code)	Work phone (w/ area code)
Cell phone or pager (w/ area code)	



Broward Sheriff's Office Explorer Program Application Form

Applicant's Medical History

Last name	First name	Middle name	
Date of birth	Social Security number	Race	Sex
Home address	City and state	Zip Code	

Medical Information

Health / Accident Insurance Company	Phone (w/ area code)	Policy Number
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Are you now, or have you ever been, subject to (please answer yes or no):

Asthma _____ Fainting Spells _____ Convulsions _____
Diabetes _____ Heart Trouble _____ Bleeding Disorders _____
Allergy(ies) to any medication, food, plant, insect bite or other material or substance _____

If you answered yes to any of the above, please list the allergies:

Do you have any condition that may require special care, medication, or diet? [] yes [] no

If you answered yes to the above, please explain:

Are you taking any medication? [] yes [] no

If you answered yes to the above, please explain:

Are there any restrictions placed on you for any reason, including medical? [] yes [] no

If you answered yes to the above, please explain:



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Applicant's / Parental Authorization for Medical Treatment

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 name	Signature	Date
Home phone (w/ area code)	Work phone (w/ area code)	Cell / pager (w/ area code)



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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 Broward Sheriff's Office Explorer Program.

I hereby authorize the Broward 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 Broward County Sheriff's Office Explorer Program, I hereby give my permission for my child to become a member of the Broward County Sheriff's Office Explorer Program.

Date	Signature of parent / guardian	
	Driver's license number	Issuing state

STATE OF FLORIDA)
) SS
 COUNTY OF BROWARD)

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.

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE



Broward Sheriff's Office

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 Broward Sheriff's Office (hereinafter referred to as "BSO") for my minor child, a BSO EXPLORER, to ride in an authorized BSO vehicle and participate in BSO 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 BSO 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, 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 of my minor child, myself, my minor child's heirs, executors and administrators, voluntarily accept any or all risks associated with this activity, and agree to hold harmless and indemnify BSO, the Sheriff of Broward County, its 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 ride participation as an Explorer **including any claim, cause of action or lawsuit based on the negligence, actions or inactions of BSO, the Sheriff of Broward County, its 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 BSO, the Sheriff of Broward County, its directors, officers, deputies, employees, agents, representatives, volunteers and servants resulting, either directly or indirectly, from my minor child participating as a BSO Explorer **including any claim, cause of action or lawsuit based on the negligence, actions or inactions of BSO the Sheriff of Broward County, its directors, officers, deputies, employees, agents, representatives, volunteers or servants.**

I understand that this Hold Harmless and Indemnity Agreement includes any and all claims based on the negligence, actions or inactions of BSO, the Sheriff of Broward County, its 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.



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I am fully aware of and appreciate the fact that, as an Explorer, I 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 me.

I, on behalf of myself, my heirs, executors and administrators, voluntarily accept any or all risks associated with this activity, and agree to hold harmless and indemnify BSO, the Sheriff of Broward 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 myself or others during my participation as an Explorer **including any claim, cause of action or lawsuit based on the negligence, actions or inactions of BSO, the Sheriff of Broward County, its directors, officers, deputies, employees, agents, representatives, volunteers or servants.**

I, the undersigned, intending to be legally bound hereby, for myself, my 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 BSO, the Sheriff of Broward County, its directors, officers, deputies, employees, agents, representatives, volunteers and servants resulting, either directly or indirectly, from my participating as a BSO Explorer, **including any claim, cause of action or lawsuit based on the negligence, actions or inactions of BSO, the Sheriff of Broward County, its directors, officers, deputies, employees, agents, representatives, volunteers or servants.**

I understand that this Hold Harmless and Indemnity Agreement includes any and all claims based on the negligence, actions or inactions of BSO, the Sheriff of Broward County, its directors, officers, deputies, employees, agents, representatives, volunteers or servants and covers bodily injury and property damage, whether suffered by myself 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, I 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 those 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.

Printed Name BSO Explorer

Signature of BSO Explorer

Street Address

City

State

Zip Code

Phone

STATE OF FLORIDA
COUNTY OF BROWARD

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

Email completed form to CJISCompliance@sheriff.org for processing.

DO NOT FILL BELOW THIS LINE – FOR OFFICIAL USE ONLY

CJIS Unit Section

Approval is ___ GRANTED ___ DENIED by: _____
CJIS Unit Employee Name / CCN (print and sign)
