

# Suffolk County Sheriff's Office



Application For  
Explorer Membership

SUFFOLK COUNTY SHERIFF'S OFFICE EXPLORER APPLICATION

NEATLY PRINT THE FOLLOWING INFORMATION IN BLACK INK AND ANSWER ALL QUESTIONS FULLY.

**PERSONAL INFORMATION**

DATE OF APPLICATION: \_\_\_\_\_

NAME (LAST, FIRST, MI): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

I AM BETWEEN THE AGES OF 14 AND 20 YEARS OLD:  YES  NO

ADDRESS (STREET): \_\_\_\_\_

HAMLET, STATE AND ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS(ES) (LIST ALL): \_\_\_\_\_

SOCIAL MEDIA ACCOUNTS (LIST SCREEN NAME(S) AS THEY APPEAR ON YOUR ACCOUNT): \_\_\_\_\_

HAVE YOU EVER BEEN IN THE MILITARY?  YES  NO

DO YOU HAVE A DRIVER LICENSE?  YES  NO

DRIVER LICENSE NO.: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

HAVE YOU EVER BEEN DISAPPROVED FOR A DRIVER LICENSE?  YES  NO

HAS YOUR DRIVER LICENSE EVER BEEN SUSPENDED OR REVOKED?  YES  NO

PARENT(S)/GUARDIAN(S) NAME(S): \_\_\_\_\_

ADDRESS(ES) IF DIFFERENT: \_\_\_\_\_

SUFFOLK COUNTY SHERIFF'S OFFICE EXPLORER APPLICATION

PARENT/GUARDIAN CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

PARENT(S)/GUARDIAN(S) EMAIL ADDRESS(ES): \_\_\_\_\_

\_\_\_\_\_

**SCHOOL INFORMATION**

SCHOOL NAME: \_\_\_\_\_

ADDRESS (STREET): \_\_\_\_\_

HAMLET, STATE AND ZIP CODE: \_\_\_\_\_

GUIDANCE COUNSELOR'S NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CURRENT GRADE: \_\_\_\_\_

HAVE YOU EVER BEEN SUSPENDED?  YES  NO

IF YES, WHY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT INFORMATION**

ARE YOU CURRENTLY EMPLOYED?  YES  NO

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS (STREET): \_\_\_\_\_

HAMLET, STATE AND ZIP CODE: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

HAVE YOU EVER BEEN DISCHARGED FROM EMPLOYMENT?  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SUFFOLK COUNTY SHERIFF'S OFFICE EXPLORER APPLICATION

**BACKGROUND INFORMATION**

DO YOU HAVE ANY MEDICAL ISSUES THAT WE SHOULD BE AWARE OF?  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER USED ANY ILLEGAL NARCOTICS?  YES  NO

HAVE YOU EVER USED OR TRIED MARIJUANA?  YES  NO

DO YOU SMOKE OR USE E-CIGARETTES?  YES  NO

IN THE PAST 90 DAYS, HOW MANY ALCOHOLIC BEVERAGES HAVE YOU CONSUMED?

\_\_\_\_\_

HAVE YOU EVER HAD ANY LAW ENFORCEMENT CONTACT?  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN A MEMBER OF A POLICE EXPLORER PROGRAM?  YES  NO

DATE OF MEMBERSHIP: \_\_\_\_\_ POST #: \_\_\_\_\_

AGENCY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

HAVE YOU EVER BEEN A MEMBER OF A FIRE/AMBULANCE SERVICE ORGANIZATION?  
 YES  NO

NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS (STREET): \_\_\_\_\_

HAMLET, STATE AND ZIP CODE: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

SUFFOLK COUNTY SHERIFF'S OFFICE EXPLORER APPLICATION

DATES OF MEMBERSHIP: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

ARE YOU CURRENTLY A VOLUNTEER IN ANY OTHER ORGANIZATION?  YES  NO

ORGANIZATION: \_\_\_\_\_

DUTIES: \_\_\_\_\_

DO YOU HOLD ANY MEDICAL CERTIFICATIONS?  YES  NO

TYPE: \_\_\_\_\_

**PERSONAL REFERENCES**

**PLEASE PROVIDE THE FULL NAME, ADDRESS, AND PHONE NUMBER OF FOUR REFERENCES THAT ARE NOT RELATED TO YOU. ONLY ONE MAY BE A MEMBER OF ANOTHER EXPLORER POST, ALL OTHERS MUST BE 21 YEARS OF AGE OR OLDER AND ONLY ONE MAY BE A MEMBER OF LAW ENFORCEMENT.**

1. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS (STREET): \_\_\_\_\_

HAMLET, STATE AND ZIP CODE: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

2. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS (STREET): \_\_\_\_\_

HAMLET, STATE AND ZIP CODE: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

3. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS (STREET): \_\_\_\_\_

HAMLET, STATE AND ZIP CODE: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

SUFFOLK COUNTY SHERIFF'S OFFICE EXPLORER APPLICATION

4. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS (STREET): \_\_\_\_\_  
HAMLET, STATE AND ZIP CODE: \_\_\_\_\_  
PHONE NO.: \_\_\_\_\_

**ADDITIONAL INFORMATION**

**\*\*THIS SECTION IS REQUIRED\*\***

**PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT YOU FEEL MIGHT BE HELPFUL WHEN CONSIDERING YOUR REQUEST FOR MEMBERSHIP AND SECURITY CLEARANCE.**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

SUFFOLK COUNTY SHERIFF'S OFFICE EXPLORER APPLICATION

**MEDICAL RELEASE**

I/We know of no health or fitness restriction that precludes the participation of Explorer \_\_\_\_\_ in the Explorer Ride-Along Program for the Suffolk County Sheriff's Office Explorer Program.

In the event of illness or injury to \_\_\_\_\_ while involved in this activity, I/we consent to emergency medical treatment, x-ray examination, anesthesia, medical or surgical diagnostic procedures or treatment that is considered necessary in the best judgment of the emergency medical technician/paramedic and the attending physician, and is performed under the supervision of a member of the medical staff of the hospital furnishing the medical service.

It is understood that in the event of illness or injury, reasonable efforts to reach me/us will be attempted.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

SUFFOLK COUNTY SHERIFF'S OFFICE EXPLORER APPLICATION

**HOLD HARMLESS RELEASE**

The undersigned, parent or guardian of \_\_\_\_\_ (the "Participant"), a participant of the Suffolk County Sheriff's Office Explorer Program (the "Program"), hereby indemnifies and holds harmless the County of Suffolk, the Suffolk County Sheriff's Office, the Sheriff, and his/her/their employees, including but not limited to, any and all Deputy Sheriffs, Correction Officers or personnel involved with the supervision and control of the Program, from any claims of any kind whatsoever or of any nature that may be brought by the Participant, his/her parents, siblings, heirs or anyone else having the authority to bring a claim on behalf of the Participant. This indemnity and hold harmless agreement shall be considered a complete and total waiver of any and all liability on the part of the Program, the County of Suffolk, the Suffolk County Sheriff's Office, the Sheriff, it's servants, agents, and employees as set forth above. Further, I grant full permission to the County of Suffolk, the Suffolk County Sheriff's Office, and the Sheriff to use any photographs, videotapes, motion pictures, recordings, or other records of the Participant's participation in the Program for any legal purpose whatsoever.

\_\_\_\_\_  
Explorer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature  
(If Explorer is under 18 years of age)

\_\_\_\_\_  
Date



# EXPLORING™

DISCOVER YOUR FUTURE

**LEARNING FOR LIFE**

UPLIFTING STUDENTS · BUILDING CHARACTER · DEFINING LEADERSHIP

# YOUTH APPLICATION

For youth 17 years old and younger

Exploring brings business and community leaders together to help young people reach their full potential. Exploring offers youth and young adults unique, hands-on experiences in an environment that develops leadership, character, and confidence through many immersive and empowering moments along the way.

## OUR MISSION

Deliver character-building experiences and mentorship that allow youth to achieve their full potential in both life and work.

## OUR VISION

Shape the workforce of tomorrow by engaging and mentoring today's youth in career and life-enhancing opportunities.

## CLUBS

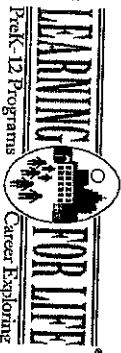
The Exploring club career education program is for young men and women in the sixth, seventh, and eighth grades. They must be at least 10 years old but not yet 15 years old, and have completed the fifth grade but have not yet completed the eighth grade. For those individuals who are 15 years old or older, please review the guidelines for joining Exploring posts.

## POSTS

The Exploring post career education program is for young men and women who have completed the eighth grade and are at least 14 years old and not yet 21.

**PROGRAM UPDATE:** This youth application is to be used only for youth 17 years old and younger. Beginning \*January 6, 2020, all applicants 18 through 20 years old must complete and submit an adult application, consent to a criminal background check, and successfully complete Youth Protection training. However, an 18- through 20-year-old will still be considered an adult Exploring participant in the post, and not considered an adult leader.

**NOTE:** \*This updated start date for this policy is August 1, 2020.



Prack-12 Programs

Career Exploring

# Exploring Information for Parents

A parent or guardian must certify that he or she has read this information sheet for all applicants under 18 years of age.

## Welcome to Exploring!

Please take the time to review this material and reflect upon its importance.

## Exploring and Participating Organizations

Exploring is a program of Learning for Life—a nonprofit organization that provides character and career programs and resources to youth across the country. Exploring is made available to our nation's youth through agreements with community organizations to operate Exploring clubs and Exploring posts.

The participating organization must provide an adequate and safe meeting place and capable adult leadership, and must adhere to the principles and policies of Exploring. The local council provides adult training, program ideas, outdoor facilities, literature, professional guidance for adult leaders, and liability insurance protection.

## Exploring's Adult Leaders and You

Exploring's adult leaders provide leadership at the unit, district, council, and national levels. Many are parents of Explorers. Each participating organization establishes a unit committee, which operates its Exploring unit, selects leadership, and provides support for a quality program. Unit committees depend on parents for membership and assistance.

The unit committee selects the post advisor or club sponsor, subject to approval of the head of the participating organization and of Learning for Life. Adult leaders must be good role models because our children's values and lives will be influenced by that adult. You need to know your child's adult leaders and be involved in the unit committee's activities so you can evaluate and help direct that influence.

Exploring uses an interactive program to promote character development, citizenship training, and career education for every participant. You can help by encouraging attendance, attending meetings for parents, and assisting when called upon to help.

**Youth Protection Begins With You™.** Child abuse is a serious problem in our society, and unfortunately, it can occur anywhere. Youth safety is of paramount importance to Exploring. For that reason, Exploring continues to create barriers to abuse beyond what have previously existed in Exploring.

Exploring places the greatest importance on providing the most secure environment possible for our youth participants. To maintain such an environment, Exploring has developed numerous procedural and adult leader selection policies, and provides parents and adult leaders with numerous online and print resources for the Exploring programs.

**Health Information.** You should inform your unit leader of any condition that might limit your child's participation. Please fill out the Annual Health and Medical Record found on [www.exploring.org](http://www.exploring.org) and give it to the unit leader.

**The annual national registration fee is nonrefundable.**

**For general questions, contact your local council.**

## Program Policies

Participating organizations agree to use the Exploring program in accordance with their own policies as well as those of Learning for Life. The program is flexible, but major departures from Exploring methods and policies are not permitted. As a parent, you should be aware that

- Exploring adult participation is restricted to qualified people.
- Citizenship activities are encouraged, but partisan political activities are prohibited.
- Military training and drills are prohibited. Marksmanship and elementary drills for ceremonies are permitted.

## Youth Protection Policies

- Two registered adult leaders 21 years of age or over are required at all activities, including meetings. There must be a registered female adult leader 21 years of age or over in every unit serving females. A registered female adult leader 21 years of age or over must be present for any activity involving female youth.
- One-on-one activities between participants and adults are never permitted. Even personal conferences must be conducted in plain view of others.
- Corporal punishment, hazing, and bullying are not permitted in Exploring. Only constructive discipline is acceptable. Parents and unit leaders must work together to solve discipline problems.
- Youth Protection training must be taken every two years. This training can be taken at [www.exploring.org/training-safety](http://www.exploring.org/training-safety).
- We encourage all parents to be involved with their Explorer. There are no "secret" organizations in Exploring and all Exploring activities are open to parental visitation.
- If you suspect that a child has been abused, immediately contact the local authorities and the council executive.
- Effective on the participant's 21st birthday, he or she must register as a leader and can no longer be a youth participant.

## Policy of Nondiscrimination

Youth participation is open to any youth in the prescribed age group for that particular program. Adults, 21 years of age and older, are selected by participating organizations for involvement in the Learning for Life programs. Color, race, religion, gender, sexual orientation, ethnic background, disability, economic status, and citizenship are not criteria for participation by youth or adults.

Youth and adults involved with Learning for Life programs, including Exploring, are registered with Learning for Life as participants.

**Ethnic background information.** Please fill in the appropriate circle on the application to indicate ethnic background. This information helps Learning for Life and Exploring plan for success in serving all youth.

## Thank You

Learning for Life appreciates you taking time to become familiar with Exploring. We feel that an informed parent is a strong ally in delivering the Exploring program. Help us keep the unit program in accord with Exploring principles. Please do your fair share to support a quality program.

# YOUTH INFORMATION

# EXPLORING YOUTH APPLICATION

If applicant has an unexpired participant certificate, participation may be accomplished at no charge by transferring the registration. Mark and attach a copy of the certificate.

Transfer application

Transfer from council no.:

Exploring Post

Exploring Club

Number:

Name and address information

First name (No initials or nicknames)

Middle name

Last name

Suffix

Country

City

State

Zip code

Primary phone

Date of birth (mm/dd/yyyy)\*

Grade

Ethnic background:

Black/African American

Native American

Alaska Native

Asian

Caucasian/White

Hispanic/Latino

Pacific Islander

Other

Gender:  Male

Female

School

Email address (for youth 13 years of age or older)

Parent/guardian information

Parent

Legal guardian

First name (No initials or nicknames)

Middle name

Last name

Suffix

Country

City

State

Zip code

Primary phone

Date of birth (mm/dd/yyyy)

Occupation

Employer

Gender:  M

F

Alternate phone

Ext.

Previous Exploring experience

Parent/guardian email address

Exploring Post

Exploring Club

Number:

I have read the information for Parents on page 2 and approve this application.

Signature of post advisor or club sponsor

Date

Signature of parent/guardian

Participation fee

\$

Paid:

Cash

Check No.

Credit card

Signature of Explorer