

Are You Interested In Exploring A Career In Law Enforcement?

The Calhoun County Sheriff's Office Explorer is a member of the Florida Sheriff's Explorer Association (FSEA). This is a state organization that meets four times a year throughout the State of Florida. During the meetings the Explorers work on State Projects, compete in Firearm Competitions, attend seminars, socials, and dances.

How Do I Become An Explorer?

To become an Explorer you must meet certain requirements.

1. Must have completed the eighth grade and are 14 years of age, or are 15 years of age but have not yet reached their 21st birthday.
2. Must be in good physical condition.
3. Must be enrolled in school and maintain a 2.5 grade point average on a 4.0 scale.
4. Must complete the Calhoun County Sheriff's Office background check.
5. Obtain a letter of recommendation from your school.
6. Must be a current resident of Calhoun County.

Interested in becoming an Explorer?

Download and complete an application now.

What Are The Benefits Of Being An Explorer?

Becoming an Explorer opens up opportunities to meet new friends, make a difference in your community, obtain law enforcement experience, and career opportunities.

As an Explorer, you will gain leadership qualities, responsibility, maintain integrity and pride, as well as self-discipline and motivation.

What Does An Explorer Do?

The aim of the Explorer Post is to explore law enforcement as a possible career choice, develop leadership skills, and to provide service to the community.

Community Service:

- Directing traffic and assist parking at community functions.
- Assist in registration, checkpoints, and crowd Control during charitable events.
- Assist deputies at high school sporting events.
- Assist with Sheriff's Office sponsored events.

Training:

- Ride-Along Program within the Patrol Division.
- Various classroom and field training exercises.

**Calhoun County Sheriff's Office
20776 Central Ave East
Blountstown, FL 32424
850-674-5049**



Explorer Program Application

Dear Explorer Applicant,

We are pleased that you have shown interest in the Calhoun County Sheriff's Office Explorer Program. The Explorer program is the best program that young men and women can become involved in to learn about a future in law enforcement. We hope that you will be able to attend our scheduled meeting and become a member of this worthwhile and rewarding program.

The Calhoun County Sheriff's Office Explorer Program is set up as an introduction to various phases of law enforcement. It is sponsored by the Calhoun County Sheriff's Office. The Calhoun County Sheriff's Office Explorer Program is directed by Calhoun County Sheriff's Office sworn personnel.

To begin the application process, please complete the enclosed application and bring it with you to one of our meetings or to the Sheriff's Office located at the Historic Courthouse, 20776 Central Avenue East, Blountstown, Florida 32424.

Explorer meetings are held periodically. The meeting usually last about two hours and are held at the Calhoun County Sheriff's Office located at the Historic Courthouse, 20776 Central Avenue East, Blountstown, Florida 32424.

If you have further questions, please contact Sheriff Glenn Kimbrel, Post Advisor at 850-674-5049 or e-mail at explorers@calhounsheriff.com.

Our website also contains information regarding our program. Please visit it at www.calhounsheriff.com.

Sincerely,

Sheriff Glenn Kimbrel

A few things you should know about the Calhoun County Sheriff's Office Explorer post prior to joining:

You must meet all of the requirements to join the Explorer Program prior to applying, such as: school grades, no serious arrests or convictions, good moral character, etc.

If accepted into the Explorer Program, you will be expected to maintain these standards throughout your stay in the Explorer Post. If you do not maintain these standards, you could be removed from the program.

If accepted in the Explorer Program, you will be required to purchase a uniform within one month of acceptance. The uniform will consist of black BDU pants, black boots, one nylon under-belt and one nylon duty belt. This uniform can be costly, therefore, until a uniform is acquired, you will be required to wear a white polo style shirt, black pants, and black shoes to meetings and trainings. Another part of the uniform that is considered mandatory is a small pocket notebook and two black ink pens, which will be provided for you and should be with you at every meeting unless instructed otherwise.

If accepted into the Explorer Program, you will be required to maintain good grooming standards on hair length and appearance, facial hair, and general appearance. These standards are to be met by the next meeting after you have been accepted. These standards will also be maintained throughout your stay in the Explorer Program or you could be removed.

As an Explorer, you will be required to accept constructive criticism and occasional discipline. The discipline for minor infractions may include, but is not limited to memos, pushups and/or running. You must be willing to accept and perform the assigned discipline when asked. Any occurrence of dishonesty, and/or deception is grounds for immediate termination from the Explorer Program.

The Calhoun County Sheriff's Office Explorer Program has and maintains high standards. We expect all of our members to be proud of who they are and proud to belong to this organization. We will not make exceptions to our high standards as we do have a reputation to live up to.

Therefore, if you do not feel that you are capable of following these simple rules and requirement, we suggest that you reconsider applying for this program. If you do feel that you can follow these rules and requirements, we invite and welcome your application to be a Calhoun County Sheriff's Office Explorer Program.

CALHOUN COUNTY SHERIFF'S OFFICE EXPLORER APPLICANT REGISTRATION FORM

READ THE FOLLOWING INFORMATION CAREFULLY AND COMPLETELY

Those persons responsible for accepting applications into the Calhoun County Sheriff's Office Explorer Program will evaluate this registration form. It will be reviewed as part of a background investigation into your personal history.

All applicants are required to complete this registration form as part of the application process.

ANY FALSE, MISLEADING OR INCOMPLETE INFORMATION OR FAILURE TO FOLLOW INSTRUCTIONS LISTED BELOW WILL BE GROUNDS TO DISQUALIFY YOU FOR MEMBERSHIP IN THE CALHOUN COUNTY SHERIFF'S OFFICE EXPLORER PROGRAM.

FOLLOW THESE DIRECTIONS CAREFULLY:

- Use black ink to complete this registration form.
- Complete the forms in your own handwriting. **DO NOT TYPE.**
- Read each question carefully.
- Answer each question accurately and completely.
- Answer all questions.
- If a question does not apply to you, write "N/A" in the box.
- If you need additional space, write answer on a separate piece of paper and attach.
- You must submit with this application a copy of your Birth Certificate, Social Security card, Drivers License (if applicable) and your most current report card.
- Recent school or passport size photo.
- Before returning, make sure all required signatures are completed.

Events such as traffic tickets or Police interaction may not necessarily be a reason for not being accepted into the Explorer Program, but failure to provide complete disclosure of these past incidents will be grounds for refusal of admission to the program. Be completely honest in this application.



Calhoun County Sheriff's Office

Explorer Program

Enrollment Application

Name: _____ DOB: _____
(Last, First)

Address: _____
(Street)

(City, State Zip Code)

Home Phone: _____ Cell Phone: _____

Place of Birth: _____ Are you a United States Citizen: _____

If Naturalized, Give Date: ____/____/____ Social Security Number: _____

Drivers License Number: _____

Height: _____ Weight: _____ lbs. Sex: ____ Hair Color: _____ Eye Color: _____

Are You Required to Wear Glasses/ Contact Lenses? : _____ Eye Sight: _____
(Ex: 20/40)

Mother's Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____
(Street, City)

Work Phone: _____

Father's Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____
(Street, City)

Work Phone: _____

School: _____ Grade Level: _____

Name of SRO: _____ GPA: _____

How Did You Hear About Explorers? : _____

Were You Recruited? : _____ If Yes, By Whom? : _____

Have You Ever Been Suspended From School? : _____ If Yes, When and Why: _____

Have You Ever Been Arrested? : _____ If Yes, When and Why: _____

List Your Interests, Hobbies, Clubs, Activities, and Honors at School: _____

Are You Planning a Career in Law Enforcement? : _____

What Do You Feel You Can Bring To the Program and the Calhoun County Sheriff's Office?

Applicants Signature: _____ Date: _____

Explorer Program Personnel: _____ Date: _____

Health History Questionnaire

Applicant's Name: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Physicians Name: _____ Phone: _____

Insurance Provider: _____ Policy Number: _____

Answer the Following With Either a Yes or No to the Following Conditions You Have or Had:

_____ Asthma _____ Fainting Spells _____ Convulsions
_____ Diabetes _____ Heart Problems _____ Bleeding Disorder
_____ Allergies to Medication, Food, Insect, Etc. If Yes, Please List Which: _____

Do You Have Any Condition That Requires Regular Medication? _____

If Yes, Please Name Medication and How Often: _____

Do You Have Any Medical Conditions That Restrict You From Engaging in Physical Activities Such as Push Ups, Sit Ups, Jumping Jacks, Running and/or Heavy Lifting? : _____

Immunizations (List Date of Inoculation)

Tetanus Toxoid: _____ Diphtheria: _____ Polio: _____

Measles/Mumps/Rubella: _____ Pertussis: _____

Medical Release

In the matter of _____, I/We know of no health or fitness restriction that precludes the participation in the Explorer program for Calhoun County Sheriff's Office Explorer Program, sponsored by the Calhoun County Sheriff's Office.

In the event of serious 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 a serious illness/injury, reasonable efforts to reach me/us will be attempted.

Verification Statement

I affirm that this registration form contains no misrepresentations or falsifications, omissions, or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this registration form are subject to later investigation. I am further aware that should any investigation disclose any misrepresentation, falsification, omission, or concealment of material fact, my application may be rejected and I will not be eligible to become an Explorer with the Calhoun County Sheriff's Office.

I realize that it is necessary for the Calhoun County Sheriff's Office to thoroughly investigate all aspects of my personal background in qualifications. By applying to be a volunteer with the Calhoun County Sheriff's Office, I expressly waive all my legal rights and causes of action to the extent that the Calhoun County Sheriff's Office investigation (for purposes of evaluating my suitability) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

The undersigned further agrees to hold harmless and release from liability, under any and all possible cause of action, Calhoun County, the Calhoun County Sheriff's Office, the Sheriff, their Deputies, and employees for any statements, acts, omissions in the course of the investigation into my background, family, personal habits and reputation, and my mental and physical health.

I also agree to participate in the Explorer activities if accepted into the Calhoun County Sheriff's Office Explorer Program. I agree to exonerate and hold blameless the Sheriff of Calhoun County, its Deputies, Advisors and Explorers in the event of any accident or injury which may occur as a result of my participating in the Exploring activities with this organization.

Applicants Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent Authorization

The information in this application is correct to the best of my knowledge, and the person herein described is authorized 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 representative of the Calhoun County Sheriff's Office (Adult Leader) to hospitalize, secure proper anesthesia, and/or to order injections for my son/daughter. I agree to exonerate and hold blameless the Calhoun County Sheriff's Office, its Sheriff, Deputies, Advisors and Explorers in the event of any accident or injury which may occur as a result of my participating in the Exploring activities with this organization.

Signature of Parent/Legal Guardian: _____ Date: _____

State of _____

County of _____

BEFORE ME, an officer duly authorized by law to administer oaths and take acknowledgements personally appeared _____ as _____, and acknowledged he/she executed the foregoing agreement and that its contents are true and correct.

IN WITNESS OF THE FOREGOING, I have set my hand and official Seal in the County and State aforesaid on this _____ day of _____, 20____.

Notary Public

(Seal)

My Commission Expires: _____