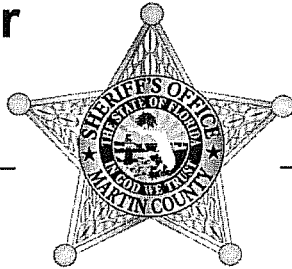


Robert L. Crowder
Sheriff



Office of the Sheriff
Martin County, Florida

Introduction

The Martin County Sheriff's Office Explorer Program is designed for young men and women between the ages of fourteen (14) and twenty-one (21), who are interested in Law Enforcement. By being a member of the Explorer Program we hope to broaden your outlook in Law Enforcement as a career. Explorers are a non-profit, charitable organization and a branch of the Boy Scouts of America. All proceeds gained are used for training materials, insurance, group trips, and competitions.

Explorers have an opportunity to learn, first hand, about law enforcement officers, their training, and their role in the community. Explorers are given the chance to perform many of the tasks a bonded law enforcement officer does everyday and are trained in many aspects of law enforcement. They also assist with traffic direction, crowd control, and numerous other community involved programs. They earn an opportunity to compete on a local, state, and national level with other Explorer Posts. Competitions include training in firearms, traffic stops, hostage negotiation, building searches, accident investigations, basic patrol procedures, etc.

Explorers participate in numerous fund raising events throughout the community to help offset the cost of travelling to competitions. The Explorer Post offers an opportunity to compete for the "Sergeant Bob Pierce" Memorial Scholarship on a yearly basis. Some of the funds raised at events are allocated for the scholarship.

Explorers have the opportunity to complete the Explorer Academy, with a curriculum approved by the advisory board and the Sheriff of Martin County. Upon completion, Explorers have the opportunity to participate in our Ride-Along program. This program involves the Explorer riding in a patrol car with a seasoned deputy of the Sheriff's Office and participating in the day to day activities of the officer.

If you are interested in joining the Martin County Sheriff's Office Explorer Post 887, there is a registration fee of twenty dollars (\$20.00) which covers the initial cost for name tags and insurance; due at the time of application. Thereafter, there is a minimal amount of three dollars (\$3.00) per month for dues, which are collected the first meeting of each month.

***Checks may be made payable to:
Martin County Sheriff's Office Post 887***

MARTIN COUNTY SHERIFF'S OFFICE
Robert L. Crowder, Sheriff

Explorer Post 887 Application

Date: _____

Name _____
First Middle Last

Address _____ Apt # _____

City State Zip County

Driver's License Number: _____ - _____ - _____

Social Security Number: _____ - _____ - _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email Address: _____ @ _____

DOB: _____ Place of Birth: _____
City State

Place of Employment: _____ Phone # _____

Supervisor's Name: _____

Father's Name: _____ Work Phone: _____

Mother's Name: _____ Work Phone: _____

Parent's Email Address:

_____ @ _____
Father

_____ @ _____
Mother

MARTIN COUNTY SHERIFF'S OFFICE
Robert L. Crowder, Sheriff

Explorer Post 887 Application

Medical History

Family Doctor's Name: _____ Phone: _____

Do you have any medical history that the Sheriff's Office needs to be made aware of?

Do you have any allergies?

Date of last physical:

Do you have any limitations that would prohibit you from taking part in physical training (marching, sit-ups, push-ups, running, etcetera)?

Yes: ____ No: ____

Do you have medical insurance? Yes: ____ No: ____

Name: _____

Please provide a copy of your insurance card with the application.

School History

Name of school currently attending: _____

Grade: _____ Current GPA: _____ SRO: _____

Year of graduation: _____

Have you ever been in ISS or received OSS? Yes: ____ No: ____

If "yes," please explain:

MARTIN COUNTY SHERIFF'S OFFICE
Robert L. Crowder, Sheriff

Explorer Post 887 Application

List below any clubs or organizations that you are/were are a member of; either in or out of school:

References

List three persons whom you have personally known for two or more years, excluding family members:

Name Phone

Name Phone

Name Phone

Arrest History

Have you ever been arrested for any violation of the law? Yes: ____ No: ____

If "yes" the date you were arrested? _____

If "yes," were you convicted? Yes: ____ No: ____ Date of Disposition? _____

If yes, to any of the above, please explain:

Do you presently have any type of criminal charges pending against you? (Probation, House Arrest, Curfew, etc.) Yes: ____ No: ____ If "yes," please explain:

MARTIN COUNTY SHERIFF'S OFFICE
Robert L. Crowder, Sheriff

Explorer Post 887 Application

I hereby make application to the Martin County Sheriff's Office Explorer Post 887, and I swear that all of the enclosed information on this application is true and correct to the best of my knowledge. I understand that if any of the enclosed information is found to be untrue or incomplete, I may be subject to immediate dismissal from the Explorer Program. I also agree to abide by the programs by-laws and rules and regulations governing Post 887.

Signature of Applicant: _____ Date: _____

I/We, the parent(s) of _____ do hereby give my/our consent for my/our child to join the Martin County Sheriff's Office Program and have read and understand the enclosed application in its entirety.

Signature of Parent _____ Date: _____

Signature of Parent _____ Date: _____

I understand that acceptance into the Martin County Sheriff's Office Explorer Post 887 is contingent upon a satisfactory background check by the agency, including a driving record.

Signature of Prospective Member Printed Name Date:

Signature of Parent Printed Name Date:

State of Florida
County of Martin

The foregoing instrument was acknowledged before me on this _____ day of _____ 20_____, by _____ who is (personally known) or (who has produced) _____ as identification.

Notary Public Date

My commission expires: _____