

Indian River County Sheriff's Explorer Post 556

Membership Requirements:

1. Young adults between the ages of 14 and 19
2. Maintain at least a "C" grade point average
3. Have parental approval
4. Be of good health
5. Be of good moral habits with no arrest or conviction
6. Two (2) letters of recommendation (School Resource Deputy, School guidance Counselor, clergy or teacher)
7. Submit completed application with \$20.00 non-refundable Processing fee

Each applicant must pass a selection process which will include an interview and a background investigation.

To Maintain membership:

1. Members must attend 80% of all Explorers meetings
2. Members must attend 80% of all Explorers functions
3. Members must have dues current
4. Members must maintain at least a "C" grade point average
5. Members must abide by all rules and regulations governing Explorer Post 556

Explorer Post 556 Meeting Information

Where: IRCSO Sub-Station
Vero Fashion Outlet
1824 94th Dr Room C140

When: 1st & 3rd Tuesday (see calendar for changes)

Time: 6:00pm – 8:00pm

For more information contact **Senior Advisor D/S Roberta Hall**
at 770-5028

Program Objectives:

The intent of Law Enforcement *Exploring* is to educate and involve youth in Law Enforcement operations and to interest them in Law Enforcement functions, whether they enter Law Enforcement career or not. Through involvement, the Law Enforcement *Exploring* program establishes an awareness of the complexities of Law Enforcement service.

The presence of Law Enforcement *Explorer Post* within any agency can be a positive factor in influencing departmental attitudes, both internally and externally. Post members are given opportunities to see first hand the efforts of commissioned personnel. Later, they share their observations with their peer group. Because *Explorers* are in the impressionable years of young adulthood, it is here that the basic tenets of civic responsibility can best be instilled. Additionally, commissioned personnel normally exposed to youth involved with criminal offenses can observe and experience the positive side of our community's youth. *Exploring* provides the Law Enforcement community and opportunity to further an investment in its own future through relationships with fit and capable young adults.

About the Law Enforcement Explorer Program:

Exploring can further each member's education, encourage participation in a rewarding and productive service activity, and enhance preparation for future roles as citizens and community members.

Several approaches are used to achieve the objectives of law Enforcement *Exploring*. One of which is a weekly meeting where representatives of various Law Enforcement agencies (local, county, state and federal) introduce *Explorers* to diverse aspects of Law Enforcement.

Secondly, *Explorers* have the opportunity to participate in Law Enforcement efforts in several areas, including, but not limited to, crime prevention, record keeping, radio communication, first aid training, as well as search and rescue procedures.

All activities are performed under the supervision of department members and demonstrate that *Exploring* can have more than a superficial role in Law Enforcement.

**Application for Membership
Indian River Sheriff's Office
Explorer Post 556**

To Prospective *Explorers* and Parents:

In order to become a member of Explorer Post 556, the following criteria must be met:

Complete and return the following attached forms

- _____ 1. Membership Application
- _____ 2. Record Release Form
- _____ 3. Full Release Form
- _____ 4. Drug Testing Release Form
- _____ 5. Personal Health & Medical Summary Form
- _____ 6. Firearms training Permission/Release Form
- _____ 7. CO2 Training Permission/release form
- _____ 8. Interest Survey Form
- _____ 9. Include the required \$20.00 Registration Fee
- _____ 10. Attend two Consecutive Post Meetings and
- _____ 11. Complete Oral Interview by Advisor and/or Board

To maintain your membership in good standing, you must attend 80% of all *Explorer* functions and meetings, dues must be up to date (current \$1.00 per month), members must abide by all rules and regulations governing *Explorer* Post 556.

Explorer Post 556 is sponsored by the Indian River Sheriff's Office, the area chartered by the learning for life, boy Scouts of America and is a member of the Florida Sheriff's Explorer Association.

The purpose of the Post is to expose young people to the Law Enforcement community in a positive way. This is done by a combination of training, limited exposure in the field and by interfacing with certified Officers.

For those young adults who are interested in a career in Law Enforcement, there are several scholarship programs available to qualified applicants.

In addition to the Law Enforcement training, we have a variety of supervised leisure activities available. These include, (but not limited to) to travel, dances, scuba diving, target shooting, swimming and softball.

Accident insurance for *Explorer* activities is provided through Learning for Life, boy Scouts of America. The cost of this insurance is paid through registration fees.

Although this post is sponsored by the Indian River Sheriff's Office, their activities are not funded by the Sheriff's Office. We strive to teach young people responsibility by having them earn the funds necessary to support their activities through fund raising events. The amount of expenses that Post 556 will pay varies according to participation and funds available in their treasury.

Uniforms are initially provided at no cost to the *Explorers* by the Indian River Sheriff's Office; however, replacement of lost or missing items must be absorbed by the individual they were released to.

IF you have any questions or comments, please contact D/S Roberta Hall, Post Senior Advisor (772)770-5028 or (772)453-3050

**Indian River County Sheriff's Explorer Post 556
DRUG TESTING RELEASE**

Be advised that Indian River County Sheriff's Explorer Post 556 has chosen to implement a random drug testing program similar to that of the Sheriff's Office. The Sheriff's Office has a legal responsibility and management obligation to ensure a safe work environment, and protection of public trust and the integrity of the Sheriff's office.

EXPLORER _____ (applicant) affirms that he/she currently does not use illegal drugs or narcotics and does not abuse non-prescription drugs and are prepared to provide a statement by licensed medical provider confirming this fact.

The undersigned EXPLORER and Parent/Guardian acknowledge that the Sheriff or Sr. Explorer Advisor will schedule random drug testing to include this EXPLORER. This testing will be conducted using the Rapid Drug Screen and may be administered without advance notice.

After the entrance testing, available with this application, the Sheriff's Office shall pay the cost of drug testing requested of the EXPLORER initiated by this office.

Within five days of the Office receiving positive testing results, EXPLORER and Parent/Guardian will be notified in writing. The EXPLORER will be referred to counseling and/or rehabilitation and suspended from post activities until two consecutive tests return negative results.

The Sheriff's Office will not assume financial responsibility for any cost of treatment or testing during the suspension period.

Refusal to comply with drug testing request will result in immediate termination of membership in the post.

We, the undersigned EXPLORER and Parent/Guardian hereby acknowledge that Indian River Sheriff's Office has advised us of their random drug testing policy and agree to abide by the policy and procedures.

Dated this _____ day of _____ 20____.

Witness

Signed: Explorer

Witness:

Signed: Parent/Guardian

STATE OF FLORIDA
COUNTY OF INDIAN RIVER

Sworn to and subscribed before me this _____ day of _____
_____ 20____.

Notary Public

My Commission Expires: _____

**Indian River County Sheriff's
PERSONAL HEALTH AND MEDICAL SUMMARY**

To be completed by parent or guardian (please print)

Name: _____ Date of Birth _____ Age _____ Sex: M ___ F ___

Name of parent/guardian _____ Telephone () _____

Home address: _____ City: _____ State _____ Zip _____

Business address _____ City _____ State _____ Zip _____

Telephone() _____ Cell phone() _____

If person above is not available in the event of an emergency. Notify:

Name: _____ Relationship _____ Telephone _____

Name: _____ Relationship _____ Telephone _____

Name of personal physician: _____ Telephone _____

Personal health/Accident Insurance Carrier _____ Policy# _____

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the adult leader incharge to secure proper treatment, including hospitalization, anesthesia, surgery, injections, or medication for my child.

Date Parent/Guardian

Medical information past or present (please check)

Asthma	_____ Yes _____ No	Cancer	_____ Yes _____ No
Convulsions	_____ Yes _____ No	Hemophilia	_____ Yes _____ No
Diabetes	_____ Yes _____ No	High Blood Pressure	_____ Yes _____ No
Heart Disease	_____ Yes _____ No	Leukemia	_____ Yes _____ No

Explanations: _____

List any conditions limiting full participation (Physical or emotional)

List medicines: _____

Explain any YES answers and give all information needed to provide as safe and as full participation as possible: _____

List date of last inoculations for:

Diphtheria	_____	Measles	_____	Polio	_____
Mumps	_____	Rubella	_____	Pertussis	_____
Tetanus Toxioid	_____				

We will request this form to be completed on several occasions; you may wish to keep the basic information readily available.

**Indian River County Sheriff's Explorer Post 556
FIREARMS TRAINING PERMISSION/RELEASE**

Part of the training and activities the Explorers participate in is marksmanship training and competition. This activity is optional, not mandatory. Marksmanship training is only conducted and supervised by state certified firearms instructors in strict accordance with the guidance's established by the Boy Scouts of America and the National Rifle Association. Explorers will be firing police revolvers, using live .38 caliber ammunition, semi-automatic, 22 rifles.

If you wish your child to participate in this program, the RELEASE OF LIABILITY PERMISSION form must be signed and notarized. No Explorer will be permitted to participate until this form is returned.

I, _____, the undersigned parent/guardian of Explorer _____, give permission for my son/daughter to participate in firearms training/competition with Explorer Post 556. I further agree to hold harmless the Indian River County Sheriff's Office, including any of its employees, agents, or other representatives, from any accident, illness, injury or other loss or harm suffered from this activity.

I understand that this privilege may be terminated by the Explorer Post or agent of the Indian River county Sheriff's Office if the Explorer fails to follow any instructions during training or competition.

Print name (Parent/Guardian)	Parent/Guardian Signature
Print Explorer Name	Date

State of Florida
County of Indian River

Sworn to and subscribed before me this _____ day of _____ 20____.
My Commission Expires: _____

Notary Public

**Indian River County Sheriff's Office Explorer Post
556
CO2 Training Permission/Release of Liability**

Part of the training and activities the Explorers participate in is marksmanship training and competition. This activity is optional, not mandatory. Marksmanship training is only conducted and supervised by instructors in strict accordance with the guidance's established by the Boy Scouts of America and Indian River County Sheriff's Office. If you wish your child to participate in this program, the RELEASE OF LIABILITY/PERMISSION form must be signed and notarized. No Explorer will be permitted to participate until this form is returned.

I, _____, the undersigned parent/guardian of Explorer _____, give permission for my son/daughter to participate in firearms training/competition with Explorer Post 556. I understand that this privilege may be terminated by the Explorer Post or agent of Indian River County Sheriff's Office if the Explorer fails to follow any instructions during training or competition.

Print name (Parent/Guardian)

Parent/Guardian Signature

Print Explorer Name

Date

State of Florida
County of Indian River

Sworn to and subscribed before me this _____ day of _____ 20__

Notary Public My Commission Expires:

