

Monroe County Sheriff's Office Explorer/Cadet Program

**Monroe County Sheriff's Office
5525 College Road
Key West, Florida 33040
Office (305) 292-7116
Fax (305) 292-7070
www.keyssso.net**



Explorer/Cadet Program Application

Dear Applicant,

Thank you for showing an interest in the Monroe County Sheriff's Office Explorer/Cadet Program and in your community. If you are accepted as a Senior Explorer (Ages 14-21), Junior Explorer (Ages 12-13) or a Cadet (Ages 10-11) you will find the Explorer/Cadet Program interesting, exciting and educational.

Members of our program have the chance to attend the Basic Law Enforcement Academy upon their 19th birthday. The Monroe County Sheriff's Office places a great deal of emphasis on education. It is highly recommended that a young person attend college prior to entering the field of law enforcement. The Explorer/Cadet Program works very closely with local schools to ensure that attendance and grade point averages are maintained at an acceptable level.

In this application you will find various forms that **MUST BE SIGNED**. Please fill out each form completely and accurately. The form with the heading, "Parent Permission, Authorization For Treatment and Release of Liability", **MUST BE NOTARIZED!** This application must be completed in full in order to be considered for membership in the program.

I sincerely hope to see you soon as member of the Monroe County Sheriff's Office Explorer/ Cadet Program.

Sincerely,

Sgt. Glenn Test
Monroe County Sheriff's Office
Explorer Program Supervisor

Name: _____
(Last) (First) (Middle)

Sex: _____ Race: _____ Date of Birth: ____/____/____

Present Address: _____

Phone: _____ Social Security: _____ - _____ - _____

Height: _____ Weight: _____ Eye Color: _____

Hair Color: _____ Place of Birth: _____

Driver's License Number: _____

Do you attend school?: _____ What School: _____

Do you work?: Yes No Where: _____

Are you a U.S. Citizen?: _____

How long have you lived in Florida?: _____

How long have you lived in Monroe County?: _____

Have you ever been arrested for any offense?: Yes No

If yes, for what, and where were you arrested? _____

What clubs, groups or organizations do you belong to?

Please list three references that are not related to you and are over 18 years of age:

1. _____ Phone _____

Address _____

2. _____ Phone _____

Address _____

3. _____ + _____ Phone _____

Address _____

Please provide the following information about your family:

Father _____ Home Phone _____

Address _____

Occupation _____ Work Phone _____

Mother _____ Home Phone _____

Address _____

Occupation _____ Work Phone _____

Please list a person to notify in case of an emergency

Name _____ Phone _____

Address _____

Do you have or have you ever had any of the following conditions:

___ Sinus Trouble ___ Tuberculosis ___ Rheumatic Fever

___ Fainting Spells ___ Epilepsy ___ Seizures ___ Kidney Disease

___ Diabetes ___ Hay Fever ___ Heart Problems ___ Asthma

___ Scoliosis

Do you have any allergies? Explain: _____

Are you allergic to any medication? _____

Do you have any condition requiring medication or medical treatments? _____

Are you taking medication or treatments at this time? Yes No

If yes, explain: _____

Have you had any operations or serious injuries? Please explain

Are there any restrictions of your activities for medical reasons?

Have you had any of the following:

___ Measles ___ Diphtheria ___ Mumps ___ Tetanus Toroid

___ Chicken Pox ___ Scarlet Fever ___ Polio

___ Other Explain: _____

Are all your inoculations up to date for the above? _____

Your Physician _____ Phone _____

Blood Type _____

Rules of Conduct

- 1 Dishonesty will not be tolerated.
- 2 The member will at all times maintain an attitude that will be conducive to learning.
- 3 The member shall stay drug, alcohol and tobacco free at all times.
- 4 The member shall maintain his/her uniform in a good state of repair. The member shall be neat, clean and dressed in the proper uniform for meetings, details, activities or tour of duty. The member shall keep his/her hair well groomed and at an appropriate length. Each member shall be mindful that their personal appearance reflects on fellow members and the Sheriff's Office.
- 5 The demeanor of the member while in uniform shall reflect that of maturity and professionalism.
- 6 Attendance at each weekly meeting is required. An explanation for any absence shall be given in advance to the members direct explorer supervisor. More than one unexcused absence in a month shall be grounds for dismissal from the program.
- 7 The member shall maintain a minimum of an overall "C" average in school. A member shall be dismissed from the program upon leaving high school without graduating.
- 8 The member shall maintain a good attitude toward the law and law enforcement.
- 9 The member shall be punctual, alert and reliable.

I hereby acknowledge that I have read and understand the preceding rules of conduct and agree to abide by them to the best of my ability.

Signed _____ Date _____

Witness _____ Date _____

Sheriff's Explorer/Cadet Oath

I _____, agree to uphold the constitution of the United States and the state of Florida and to obey the laws of the United States, the state of Florida and Monroe County.

I further agree to abide by the all the policies and procedures of the Monroe County Sheriff's Office. I dedicate myself to promote the goals of the Sheriff's Office and bring honor to the post and the Monroe County Sheriff's Office to the best of my ability.

As an Explorer/Cadet I declare upon my honor and conscience that I will act at all times in a manner befitting an Explorer. I will respect all individuals, striving to treat everyone with honesty, courtesy, and respect at all times. I will obey the orders of my superiors, post advisors and law enforcement officers. I will act justly towards my fellow explorers. I will do the right thing, at the right time for the right reasons, always.

I will constantly strive to honor this oath in my service as a Monroe County Sheriff's Office Explorer.

Explorer/Cadet Signature

MCSO Explorer Program Parent Permission, Authorization
For Treatment & Release of Liability

_____ has my permission to participate/join the Monroe County Sheriff's Office Explorer/Cadet Program. I know of no health or fitness restriction(s) that preclude my son/daughter from Participation in the previously described activity. In the event of illness or injury occurring to my son/daughter while involved in this activity, I consent to x-ray examination, anesthesia, medical or surgical diagnostic procedures or treatment that is considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable effort will be made to contact me.

In consideration for being accepted by the MCSO Explorer/Cadet program I do hereby release, forever discharge and agree to hold harmless the MCSO Explorer/Cadet Program, Monroe County Sheriff's Office, the Sheriff, employees, appointees, deputies and explorer advisors from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above-described program..

Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in training, details, trips, activities and events.

The undersigned further hereby agree to hold harmless and indemnify said MCSO Explorer/Cadet Program, Monroe County Sheriff's Office, the Sheriff, employees, appointees, deputies and explorer advisors for any liability sustained by aforementioned as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

Hospital Insurance: Yes or No

Insurance Company _____

Policy Number _____

Physician _____ Physician Phone _____

Emergency Phone Numbers _____

Parents full name: _____

Signature: _____

STATE OF FLORIDA

COUNTY OF _____

Sworn (per affirmed) and subscribed before me this _____ day of _____, 20____,

By _____ (name of person making statement).

(Signature of Notary Public–State of Florida)

(NOTARY SEAL)

(Name of Notary Typed, Printed, or Stamped)

Personally known _____ or produced Identification _____

Type of Identification Produced _____

Release of Information Waiver

I, _____, the undersigned applicant, and I, _____, the parent of the applicant, hereby authorize the enclosed addressee to release all requested information whether recorded or unrecorded to the Monroe County Sheriff's Office and the Monroe County Sheriff's Explorer/Cadet Program. I hereby agree and promise to identify and save harmless the addressee, its officers, agents, servants or employees from and against any and all liability, claims, demands, damages, expenses, fees, fines, penalties, suits, proceedings, actions, and costs of actions, including attorney's fees, of any kind and nature arising or growing out of or in any way connected with the disclosure.

Explorer/Cadet

Date

Parent/Legal Guardian

Date

Witness

Witness

*******DO NOT WRITE ON THIS PAGE*******
*******FOR ADVISORS USE ONLY*******

Date of Application: _____

Date of Reference Check: _____

Date of School Check: _____

Accepted? _____

Rejected? _____

Comments:

Advisors Signature _____

Date: _____