



EL DORADO COUNTY SHERIFF'S DEPARTMENT
EXPLORER POST #457
300 Fair Lane
Placerville, Ca 95667
(530)621-5655

APPLICATION FOR MEMBERSHIP

(Type or print in black ink)

| | | |
|---|-------|--------|
| Name: | | |
| Last | First | Middle |
| Address: | | |
| City: | | |
| Mailing if different from above: | | |
| City: | | |

| | | | |
|---|--|--|--|
| Male: <input type="checkbox"/> Female: <input type="checkbox"/> | Height: <input type="text"/> Ft. <input type="text"/> in. | Weight <input type="text"/> lbs. | Hair Color: <input type="text"/> Eyes <input type="text"/> |
| Age: <input type="text"/> | Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/> | Social Security Number: <input type="text"/> | |
| Do you have a valid California driver's license? | Yes <input type="checkbox"/> No <input type="checkbox"/> | CDL # <input type="text"/> | |

| | | |
|--|---|----------------------------------|
| Are you employed? No <input type="checkbox"/> Yes <input type="checkbox"/> | Part-Time <input type="checkbox"/> Full Time <input type="checkbox"/> | Work Phone: <input type="text"/> |
| Company name of employer: <input type="text"/> | | |
| Address of employer: <input type="text"/> | | |
| Name of Supervisor: <input type="text"/> | | |
| Responsibilities of your job: <input type="text"/> | | |

| | | |
|---|-----------------|-----------------------------|
| What are your career plans? <input type="text"/> | | |
| School activities: <input type="text"/> | | |
| Other club and social activities: <input type="text"/> | | |
| Specific or additional skills or interests: <input type="text"/> | | |
| Do you have a CPR card? | First Aid Card? | Level? <input type="text"/> |

Family Information

| | |
|---------------------|--------------------|
| Father's Name: | Home Phone: |
| Occupation: | Work Phone: |
| Mother's Name: | Home Phone: |
| Occupation: | Work Phone: |
| Number of Brothers: | Number of Sisters: |

| |
|---|
| Is any member of your family associated with Law Enforcement? |
| If Yes please answer the following: |
| Person's name: |
| Person's address |
| Relationship to you: |
| Name of agency: |
| Address of agency: |

Police Record:

| |
|--|
| Have you ever received a traffic citation? |
| Have you ever been arrested or been given a citation for any offense other than traffic? |
| Please explain all yes answers: |
| |

Emergency Information

| | |
|---|---------------|
| Family Doctor: | Office phone: |
| Address: | |
| In case of emergency and your parent/ guardian is not available, contact: | |
| Name: | Relationship: |
| Address: | Phone: |

| |
|--|
| Why do you want to be an El Dorado County Sheriff's Department Explorer? _____ |
| _____ |
| _____ |

Personal References

Please Provide the name, address and phone number of three people whom we may contact for reference. These people must not be related to you, must have known you for at least one full year, and should be able to provide information about your background and character.

| | |
|----------|--------------|
| Name: | Phone: |
| Address: | Years known: |
| Name: | Phone: |
| Address: | Years known: |
| Name: | Phone: |
| Address: | Years known: |

We, the undersigned, understand and agree that any portion of this application is subject to examination and verification by the El Dorado County Sheriff's Department. We acknowledge that all the information contained herein will be used solely for the Explorer Post and for no other reason or purpose. All of the information contained in this application, including all attachments, is correct to the best of our knowledge and belief.

| | | |
|----------------------------------|-------------------------------|------|
| | | |
| Printed Full Name of Applicant | Signature of Applicant | Date |
| | | |
| Printed name of Parent/ Guardian | Signature of Parent/ Guardian | Date |

TO BE ANSWERED BY PARENT OR GUARDIAN ONLY

| |
|---|
| How do you feel about your son/ daughter becoming a Sheriff's Explorer? _____ _____ _____ _____ _____ |
|---|

Signature of Parent/ Guardian

HEALTH RECORD AND CONSENT TO MEDICAL TREATMENT

To be completed by Applicant's parent/ Guardian

| | | |
|-----------------------|-------------------------|--------------------|
| Name: | | |
| Address: | | |
| City: | Zip: | Phone: |
| Sex: M__ F__ | Height: _____ | Weight: _____ lbs. |
| Age: _____ | Date of Birth: __/__/__ | |
| Health Care Provider: | Medical Record Number: | |

Please Note any medical conditions.

| Have: | Yes | No |
|-----------------|-----|----|
| Heart Trouble | | |
| Convulsions | | |
| Frequent Colds | | |
| Fainting spells | | |
| Asthma | | |
| Other | | |

| Allergic To: | Yes | No |
|-------------------|-----|----|
| Bee stings | | |
| Food allergies | | |
| Penicillin | | |
| Other medications | | |

Please Explain and yes answers. _____

| |
|--|
| List all medications taken on a regular basis: |
| Are there any specific activities to be encouraged, or restricted? |
| Explain: |
| Does the applicant suffer from any other physical or mental condition? |
| Explain: |

Parent(s):
I/WE, the undersigned parent(s)/ Guardian(s) of _____, a minor do hereby authorize the Sheriff of El Dorado County or his designee as agents for the undersigned to consent to any emergency x-ray examinations, anesthetic, medical or surgical diagnosis or treatment and hospital care under the general and specific supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act.

It is understood that this authorization is given in advanced of any specific diagnosis, treatment or hospital care being required, and is given to provide authority and power on the part of the aforesaid agent to give authority to a physician or medical staff to exercise his/her best judgment in the treatment of the minor. This authorization is given pursuant to the provisions section 25.8 of the Civil Code of California and shall remain effective during the time the individual is an Explorer unless otherwise revoked in writing and delivered to said agents.

Signature of Parent(s)/ Guardian

Date

CONSENT AND WAIVER OF LIABILITY

I, _____, affirm that I am the parent/ guardian of
* _____, whose date of birth is _____.

I give my consent for my son/daughter to participate in all activities of the El Dorado County Sheriff's Department Explorer Post #457.

I also understand that * _____ may be participating in ride- alongs, crime prevention, training exercises and other similar activities. I recognize that there are possibilities of exposure to risks in the course of these duties.

I also understand that * _____ is covered by insurance and that the insurance company, not the El Dorado County Sheriff's department or Explorer Post #457, is responsible.

I release the El Dorado County Sheriff's Department and Explorer Post #457 from liability and legal recourse.

Signature of Parent(s)/ Guardian

Date

(* Print Applicants full name in these spaces)



JOHN D'AGOSTINI

SHERIFF - CORONER - PUBLIC ADMINISTRATOR
COUNTY OF EL DORADO
STATE OF CALIFORNIA

TO WHOM IT MAY CONCERN:

I hereby authorize any police officer or other authorized representative of the El Dorado County Sheriff's Department processing the release, or copy thereof, to obtain any and all information that you have concerning me, including information of a confidential or privileged nature, to determine my qualifications for membership in the El Dorado County Sheriff's Department Explorer Post #457.

I hereby direct you to release such information upon request. This release is executed with full knowledge and understanding that the information is for the official use of the El Dorado County Sheriff's Department Explorer Post. Consent is granted for the El Dorado County Sheriff's Department to furnish any information to third parties in the course of fulfilling its official responsibilities. I hereby release you as the custodian of such record from any and all liability for damages of whatever kind to me, my family, my heirs or associates because of compliance with this authorization, request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Note: You may retain a copy of this form for your files.

FULL NAME: _____
(Signature)

FULL NAME: _____ Date: _____
(TYPED OR PRINTED)

TELEPHONE: _____

CURRENT ADDRESS _____

Witness: _____
Parent or guardian is applicant under age of 18

"Serving El Dorado County Since 1850"
HEADQUARTERS- 300 FAIR LANE, PLACERVILLE, CA 95667
JAIL DIVISION- 300 FORNI ROAD, PLACERVILLE, CA 95667
TAHOE JAIL- 1051 AL TAHOE BLVD., SOUTH LAKE TAHOE, CA 96150
TAHOE PATROL- 1360 JOHNSON BLVD., SUITE 100, SOUTH LAKE TAHOE, CA 96150