

St. Lucie County *Sheriff's Explorer Post 400*

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 Explorer meetings
2. Members must attend 80% of all Explorer 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 400

Explorer Post 400 Meeting Information

Where: St. Lucie West Courthouse Annex
250 N.W. Country Club Drive
Port St. Lucie, FL 34986

When: Tuesday (see calendar for changes)

Time: 6:30 pm – 8:00 pm

For more information contact **Senior Advisor Deputy Sal Anicito 871-5358**

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 *Explorer* program establishes an awareness of the complexities of law Enforcement service.

The presence of a 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 an 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.

Purpose of Law Enforcement Exploring:

The purpose of Law Enforcement *Exploring* is to provide young adults with an effective program designed to build positive character traits, develop personal and mental fitness as well as promote active citizenship.

The first goal of Exploring is to give youth an opportunity to pursue career interests with adults who can guide them to experiences they might not otherwise get in traditional educational settings, hands on experiences with people who work in a field or have knowledge of it. The first goal recognizes the difference between reading about sailing and going sailing, discussing Law enforcement and participating in Law enforcement.

The second goal of *Exploring* is to have youth appreciate more fully the meaning of working toward wholeness, seeing the interconnection of all aspects of their world, and understanding how this interconnection affects all of their activities, whether they are of a career or other special interest. That's why an *Explorer Post* organizes a program or activities around the six experience areas of: career, social, service, leadership, fitness, and outdoor. This kind of program helps us to understand more fully the meaning and benefits of maintaining balance in our lives; showing responsibility towards others and our community; and being mentally, emotionally, and physically.

What do Law Enforcement Explorer Posts Do?

Law Enforcement *Explorer Posts* conduct a variety of programs and projects featuring safety, training, and service. *Explorers* have opportunities to learn about the requirements of Law Enforcement careers and gain firsthand work experience.

The following are program and project ideas that integrate Exploring six experience areas:

Career

Achieve a better understanding of America's social, economic, and Governmental systems. Gain insight and practical experience in careers.

- *The history of Law Enforcement
- *Introduction to Law Enforcement
- *Note taking
- *Patrol procedures
- *Traffic control and radar operations
- *Accident investigation and forms
- *Criminal investigation
- *Crime scene investigation and photography
- *Vice and narcotics
- *Organized crime
- *Homicide
- *Search and arrest procedures
- *Defensive weapons
- *Custody
- *Fingerprinting
- *Domestic complaints
- *Weapon safety
- *Crowd control procedures
- *Riot control procedures

Leadership

Gain a sense of pride in our American heritage. Prepare to give leadership, and fulfill responsibilities to American and the forums of the world.

- *The history and role of Law Enforcement
- *The criminal justice system
- *Visit and observe
 - Courts
 - Correctional institutions
 - City prosecutor
 - Judge
- *Law Enforcement community relations
- *A mock trial
- * Law and the citizen

Social

Build stable personal values firmly based on religious concepts. Learn to deal with all people and gain a sense of family responsibility

- *Exchange visits with other posts
- *Dinner or picnic for post members and families
- *Beach, lake or park trip
- *Communications seminar
- *Meet the officers' families
- *Debate controversial issues
- *Attend sports events

Service

Acquire the skills and the desire to help others.

Gain a keen respect for the basic rights of others.

- *Traffic control and parking at community events
- *Law Enforcement Week and Law Day participation
- *Special Olympics support
- *Crime prevention programs
- *Property identification
- *Security surveys
- *Neighborhood watch programs
 - Communication center
 - Photo lab
 - Fingerprinting
 - Motor vehicle registration
- *First aid training
- *Support of the Scouting Food Programs
- *Location of missing persons
- *Drug prevention programs
- *Bicycle safety and identification program
- *Child fingerprinting

Outdoor

Acquire a degree of self-reliance based on courage, initiative, and resourcefulness.

Gain an understanding and appreciation of the wise use of resources and the protection of our environment.

- *Crime search scene
- *Lost child rescue operation assistance
- *Fish and Game careers
 - Parks and wildlife departments
 - The Forest Service
- *Traffic control
- *Crowd control
- *A search and rescue mock event
- *Tree planting
- *Canoe trips
- *Hiking and camping trips
- *BSA high adventure bases
- *Survival training

Personal Fitness and Development

Improve mental and emotional fitness.

Gain physical fitness and an appreciation of sports.

- *Physical agility course
- *Explorer Olympics
- *Investigation of alcohol and drug effects on highway safety
- *Medical exams
- *Job stress and relaxation techniques
- *First aid and CPR
- *Physical fitness-Project COPE
- *Challenge other post

Other ideas for trips and tours

- *Firearms range
- *Military police installations
- *Other Law Enforcement agencies
- *BSA local council camp
- *National Law enforcement Explorer Leadership Academy
- *National Explorer Conference
- *National Law Enforcement Explorer Conference

D.

*Application for Membership
St. Lucie County Sheriff's Office
Explorer Post 400*

To Prospective *Explorers* and Parents:

In order to become a member of Explorer Post 400, 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 Officer Board

To maintain your membership in good standing, you must attend 80% of all *Explorer* functions and meetings, dues must be up to date (currently \$1.00 per month), members must abide by all rules and regulations governing *Explorer* Post 400.

Explorer Post 400 is sponsored by the St. Lucie County 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 Law Enforcement 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 the Learning for Life, Boy Scouts of America. The cost of this insurance is paid through registration fees.

Although this Post is sponsored by the St. Lucie County 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 400 will pay varies according to participation and funds available in their treasury.

Uniforms are initially provided at no cost to the *Explorers* by the St. Lucie County 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 Deputy Sal Anicito, Post Senior Advisor (772) 871-5358 or FAX (772) 871-5355.

Date: _____

E- _____

MEMBERSHIP APPLICATION

Name: _____ Nickname: _____

Address: _____
Street Address City State Zip

Home Phone #: (_____) _____ Cell Phone #: (_____) _____

Age: _____ Date of Birth: _____ Male/Female _____

What school do you attend? _____ Grade: _____

Have you ever been arrested? _____ If so, give date, place, agency, and offense:

Have you ever been suspended or expelled from any schools? _____

If yes, give date, reason, and name of school: _____

How did you hear about the Post? _____

Father's Name: _____ Mother's Name: _____

Work Phone #: (_____) _____ Work Phone #: (_____) _____

Cell Phone #: (_____) _____ Cell Phone #: (_____) _____

Do you have access to a car: _____ Do you have a license? _____

If yes, give state and drivers license number: _____

Expiration date: _____ List all traffic violations in the past
three years: _____

Type of vehicle owned or driven by you including tag number: _____

Has your license ever been suspended? _____ If yes, give details: _____

Do you have a job? _____ If yes, give name, address, and phone number of company: _____

Give a brief description of your duties and responsibilities at your place of employment:

Will you be able to attend most Explorer meetings, training, and activities: _____

Why do you want to join the Post?

Personal Data: This must be filled out completely.

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Place of Birth: _____

Religious preference: _____

Social Security Number: _____

List any other names you have used: _____

How long have you lived in St. Lucie County: _____

Have you ever been listed as a runaway juvenile? _____

Have you ever been a member of an Explorer Post before? _____

If yes, where: _____

Name of family doctor: _____ Phone number: (_____) _____

Do you have any allergies, physical defects, or emotional conditions which would prevent: _____ running _____ swimming _____ self defense training

_____ Climbing _____ firearms training _____ or any other supervised activities?

If yes, please explain:

If there is any other information you think is pertinent to this application, please explain here: _____

Explorer Application

I hereby make application to *Explorer Post 400* _____ Applicant's Initials

I understand that certain rules and regulations apply to all members and agree to abide by them. _____ Applicant's Initials

I understand that I may come across information that may be confidential, I agree to keep it that way _____ Applicant's Initials

I understand that if I do anything that is contrary to the By-Laws governing the *Post* resulting in embarrassment for the *Post*, the office, or Sheriff, my membership will be terminated: _____ Applicant's Initials

I swear that I have not provided any information that is deliberately misleading, dishonest, or deceptive in this application, _____ Applicant's Initials

Applicant Signature

Date

Signature of Parent or Guardian

Date

For Official Use Only	
Date of Meeting	_____
Date Application Received	_____
Investigation Assigned	_____
Investigation finding	_____
_____	_____
_____	_____
Attached NCIC Records (if applicable)	_____
Date Membership Voted	_____

Accepted	_____
Rejected	_____
Date Applicant Notified	_____

Explorer Application

In order to get a good idea of the character of the individual applying for membership in the *St. Lucie County Sheriff's Explorer Post 400*, we request that parents sign the release form below. This form releases all childhood records in the area of law enforcement history and enables the *Explorer Post* to make a fair decision on the applicant. Thank you for your cooperation.

RECORD RELEASE

I, the parent/guardian of _____ release all formal records of my son/daughter to the *St. Lucie County Sheriff's Explorer Post 400*. I do also realize that these records are recognized as FULLY CONFIDENTIAL and will remain so. I understand that if the RELEASE FORM is not signed, my child may not be accepted into *Explorer Post 400*.

Signature of Parent/Guardian

Date

Please Print:

Child's Legal Name: _____

Child's Date of Birth: _____



FULL RELEASE

We, the undersigned Explorer Scout and Parent or Guardian hereby fully release the St. Lucie County Sheriff's Office and all personnel thereof from any and all liability arising out of their permission for Explorer Scout _____ to ride and associate with the St. Lucie County Sheriff's Office and all personnel thereof as an observer. We understand and appreciate fully that _____ may be subjected to hazardous situations which can cause death or serious bodily injury by riding and associating with the St. Lucie County Sheriff's Office and all personnel thereof as an observer.

Dated this _____ day of _____ 20____.

Witness:

Signed: Explorer

Signed: Parent/Legal Guardian

STATE OF FLORIDA
COUNTY OF ST. LUCIE

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

My Commission Expires: _____

Notary Public

St. Lucie County Sheriff's Explorer Post 400

DRUG TESTING RELEASE

Be advised that St. Lucie County Sheriff's *Explorer Post 400* 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 or 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 at the St. Lucie West Courthouse 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 St. Lucie County 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/Legal Guardian

STATE OF FLORIDA
COUNTY OF ST. LUCIE

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

St. Lucie County Sheriff's Explorer Post 400

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 Number _____

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 in charge to secure proper treatment, including hospitalization, anesthesia, surgery, injections, or medication for my child.

Date Parent/Guardian Signature

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.

St. Lucie County Sheriff's Explorer Post 400

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/legal guardian of Explorer _____, give permission for my son/daughter to participate in firearms training/competition with Explorer Post 400.

I further agree to hold harmless the St. Lucie 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 St. Lucie 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 St. Lucie

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

St. Lucie County Sheriff's Explorer Post 400

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 St. Lucie 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/legal guardian of Explorer _____, give permission for my son/daughter to participate in firearms training/competition with Explorer Post 400. I understand that this privilege may be terminated by the Explorer Post or agent of St. Lucie 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 St. Lucie

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

St. Lucie County Sheriff's Explorer Post 400

EXPLORER INTEREST SURVEY

Please check those activities, tours, projects, and seminars that you would like the Post to plan as part of its program.

- | | |
|---|---|
| <input type="checkbox"/> Airplane ride | <input type="checkbox"/> Air Force base |
| <input type="checkbox"/> Backpacking | <input type="checkbox"/> Airport |
| <input type="checkbox"/> Barbecue party | <input type="checkbox"/> Assist "Get Out The Vote" campaign |
| <input type="checkbox"/> Bike hike | <input type="checkbox"/> Assist handicapped citizens |
| <input type="checkbox"/> Block Party | <input type="checkbox"/> Automobile plant |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Career clinic |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Conduct a cleanup campaign |
| <input type="checkbox"/> Christmas party | <input type="checkbox"/> Conservation project |
| <input type="checkbox"/> Civil defense | <input type="checkbox"/> Council/district activities |
| <input type="checkbox"/> Council/district projects | <input type="checkbox"/> Court sessions |
| <input type="checkbox"/> Dance | <input type="checkbox"/> CPR training |
| <input type="checkbox"/> Easter egg hunt for children | <input type="checkbox"/> Dealing with people |
| <input type="checkbox"/> Family picnic | <input type="checkbox"/> Diet and nutrition |
| <input type="checkbox"/> Family sports day | <input type="checkbox"/> Drug abuse/alcoholism |
| <input type="checkbox"/> Fashion show | <input type="checkbox"/> Fire safety |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> First aid training |
| <input type="checkbox"/> Halloween Party | <input type="checkbox"/> Gourmet cooking |
| <input type="checkbox"/> Have a Post reunion | <input type="checkbox"/> Hair styling |
| <input type="checkbox"/> Hobby smorgasbord | <input type="checkbox"/> Hospital volunteers |
| <input type="checkbox"/> Horseback riding | <input type="checkbox"/> Hunting safety |
| <input type="checkbox"/> How to buy a car | <input type="checkbox"/> Job-interview skills |
| <input type="checkbox"/> Ice-skating | <input type="checkbox"/> Leadership skills |
| <input type="checkbox"/> Inter -post activities | <input type="checkbox"/> Local college or university |
| <input type="checkbox"/> Leisure-time sports | <input type="checkbox"/> Local industry |
| <input type="checkbox"/> Mock trial | <input type="checkbox"/> Local offices of elected officials |
| <input type="checkbox"/> Operating a ham radio | <input type="checkbox"/> Military career |
| <input type="checkbox"/> Operating a recycling center | <input type="checkbox"/> Morality |
| <input type="checkbox"/> Organize a car wash | <input type="checkbox"/> Olympic sports |
| <input type="checkbox"/> Orienteering | <input type="checkbox"/> Organize a band |
| <input type="checkbox"/> Pancake breakfast | <input type="checkbox"/> Parent's night |
| <input type="checkbox"/> Participate in a college panel | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Plan a slide show | <input type="checkbox"/> Planetarium |
| <input type="checkbox"/> Put on a play | <input type="checkbox"/> Police Station |
| <input type="checkbox"/> Rifle marksmanship meet | <input type="checkbox"/> President's Physical Fitness Test |
| <input type="checkbox"/> River rafting | <input type="checkbox"/> Progressive dinner |
| <input type="checkbox"/> Road rally | <input type="checkbox"/> Public speaking |
| <input type="checkbox"/> Rock climbing/repelling | <input type="checkbox"/> Recognition dinner |
| <input type="checkbox"/> Roller skating | <input type="checkbox"/> Senior citizen organization |
| <input type="checkbox"/> Sailing | <input type="checkbox"/> Sponsor "Summer Job Opportunity" |
| <input type="checkbox"/> Ski weekend | <input type="checkbox"/> Sports medicine |
| <input type="checkbox"/> Snorkeling/scuba diving | <input type="checkbox"/> Sports safety |
| <input type="checkbox"/> Spaghetti dinner | <input type="checkbox"/> Swimming/life savings |
| <input type="checkbox"/> Sports tournament | <input type="checkbox"/> Trace the history of Post members |
| <input type="checkbox"/> Study the history of the town | <input type="checkbox"/> TV station |
| <input type="checkbox"/> Swim meet | <input type="checkbox"/> United Way campaigns |
| <input type="checkbox"/> Train trip | <input type="checkbox"/> Weather Bureau |
| <input type="checkbox"/> Winter camping trip | <input type="checkbox"/> Write a newsletter |
| <input type="checkbox"/> Work on a hiking trail | <input type="checkbox"/> Other _____ |

**Consent to Release to
Newspapers, TV**

To publicize the achievement of our Explorers, Junior Cadets and Cadets, and the great work they do for our community, we occasionally publish our explorer's names, photographs, achievements and awards to local newspapers or TV. We may also post the information on the Sheriff's Explorer Web site.

By signing this form I consent to having my child's photo, name, awards and achievements published in the newspapers/or newsletters, TV or Sheriff's Explorer Web site.

Dated this ____ day of _____ 20 ____.

Witness:

Signed: Explorer

Signed: Parent/Legal Guardian

State of Florida
County of St. Luice

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

_____ My commission Expires _____

Notary Public