



**Boone County Sheriff's Department Explorer Post 2121 Application**  
**2121 County Drive Columbia MO 65302**  
**573-875-1111**

**Explorer Information**

Full Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Cell Pager

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ Hgt \_\_\_\_ Wgt \_\_\_\_ Hair \_\_\_\_ Eyes \_\_\_\_

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Drivers License # \_\_\_\_\_

E-mail address \_\_\_\_\_ Prior Explorer Experience \_\_\_\_\_

School currently attending \_\_\_\_\_

School Phone # \_\_\_\_\_ Year of Graduation \_\_\_\_\_ Current GPA \_\_\_\_\_

Are you currently involved in any extracurricular activities? \_\_\_\_\_  
Sports, church, employment



Will these activities interfere with your Explorer Duties (2 meetings 2hrs monthly, and/or Sheriff Dept. functions)? \_\_\_\_\_

Have you had any traffic violations (tickets) in the past five years? \_\_\_\_\_

Explain(date/department) \_\_\_\_\_

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Have you had any academic problems in school? \_\_\_\_\_ Explain

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Have you ever been arrested or detained by the Police for any reason? \_\_\_\_\_

Explain \_\_\_\_\_

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Please list any medical problems or disabilities we should know about.

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### Parent / Guardian Information

Full Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone \_\_\_\_\_

\*Business Phone (\_\_\_\_\_) \_\_\_\_\_ \*Occupation \_\_\_\_\_

\*Employer \_\_\_\_\_

\*Employer Address \_\_\_\_\_

Parent E-Mail address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Emergency Contact Information

_____	_____	_____
Name	Relationship	Phone

_____	_____	_____
Name	Relationship	Phone

_____	_____	_____
Name	Relationship	Phone



## References

List three references of people not related to you, who know you well.

_____	_____
Name	Phone
_____	_____
Name	Phone
_____	_____
Name	Phone

All information provided will be kept confidential.

\* Provided for emergency contact use only.



## Membership

How did you hear about the Boone County Sheriff's Explorer Program.

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Briefly, tell us why you want to become a Boone County Sheriff's Explorer

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What would you like to do after completing the Explorer Program and finishing school?

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Are you willing to attend all scheduled meetings and events? \_\_\_\_\_

Are you willing to purchase all necessary equipment required of the Boone County Sheriff's Explorers? \_\_\_\_\_

Are you willing to abide and follow all rules and regulations established by the Boone County Sheriff's Explorer Post? \_\_\_\_\_



My signature affirms that all the previous information provided in this application is true and correct and any attempt to give false information, written or oral, with the intent to mislead the representatives of the Boone County Sheriff's Explorer Program, will result in my membership application being immediately rejected. If I am accepted for membership, and it is later determined that false or misleading information was purposely provided in the application process, I acknowledge that I will be dismissed immediately from the Boone County Sheriff's Explorer Program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



\*All information provided will be kept confidential

### Boone County Sheriff's Explorer Personal Health History

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Parent / Guardian \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Check all items that apply, past or present, to your health history. Explain any "yes" answers.

Allergies - food, medicine, insects, plants Yes \_\_\_\_\_ No \_\_\_\_\_

Explain

\_\_\_\_\_  
\_\_\_\_\_

<b>General Information:</b>	Yes	No
ADHD	_____	_____
Asthma	_____	_____
Cancer/Leukemia	_____	_____
Diabetes	_____	_____
Heart Trouble	_____	_____
Hemophilia	_____	_____
High blood pressure	_____	_____
Kidney Disease	_____	_____



Do you have any problems with the following? (Check if yes)

Walking \_\_\_\_\_ Running \_\_\_\_\_ Head \_\_\_\_\_ Neck \_\_\_\_\_ Arms \_\_\_\_\_ Legs \_\_\_\_\_  
Torso \_\_\_\_\_ Fingers \_\_\_\_\_ Hands \_\_\_\_\_ Toes \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_  
Mouth \_\_\_\_\_ Teeth \_\_\_\_\_ Skin \_\_\_\_\_ Bones \_\_\_\_\_ Heart \_\_\_\_\_ Kidneys \_\_\_\_\_  
Lungs \_\_\_\_\_ Nervous System \_\_\_\_\_ Knees \_\_\_\_\_ Ankles \_\_\_\_\_ Muscles \_\_\_\_\_

List any medications \_\_\_\_\_

List any physical or behavioral condition that may affect or limit full participation.

\_\_\_\_\_

List any equipment needed, such as wheelchair, braces, glasses, contact lenses, etc.

Name of personal physician \_\_\_\_\_ Phone \_\_\_\_\_

Personal health / accident insurance carrier \_\_\_\_\_

Policy Number \_\_\_\_\_





**Parent Authorization**

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, order injections, or surgery for my son/daughter. I also understand it is my responsibility to update any medical or health information to the post advisors when necessary

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Medical Release Form**

I do hereby consent for myself / my child, to receive any necessary emergency medical treatment that becomes necessary as a result from participation in any activities with the Boone County Sheriff's Explorers. I (we) do hereby separately, and severally, release and forever discharge all employees or members of the Boone County Sheriff's Department, and the Boone County Sheriff's Explorer Program, or any other authorized participating persons, firms, or organizations from any present and future liabilities as a result of authorized emergency medical treatment on child's behalf. This consent includes treatment by an authorized medical personnel, including but not limited to emergency medical technicians, paramedics and physicians.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date



**Boone County Sheriff's Explorers  
Consent and Waiver by Consenting Adult**

(To be completed by Parent / Guardian or Applicant if eighteen or older)

Known all men by these parents that I, the undersigned participant, being over eighteen (18) years of age, do hereby consent to participate in the Boone County Sheriff's Explorer Program and all related activities, and I, do hereby, separately and severally, release and forever discharge Boone County, the Boone County Sheriff's Department, members of the Boone County Sheriff's Explorer Program, and all other persons, firms or corporation participating in said program from any and all liability of every kind and character, including injury to the person or property of myself in connection therewith or in any way related thereto. I do further hereby agree to indemnify and hold Boone County, the Boone County Sheriff's Department, the Boone County Sheriff's Explorer Program, it's agents, servants or employees and all other persons safe and harmless from any liability, lawsuit, claim or damages occasioned by or resulting from any suit or claim brought by me, or brought on my behalf, as the direct or indirect result of participation in said program or in any way related thereto.

I do further grant unto the Boone County Sheriff's Department and the County of Boone, the right to check my school records and receive a copy of my transcript of grades at any time during the time I am participating in the Boone County Sheriff's Explorer Program. I authorize and direct the release of such school records, grades and transcripts to Boone County Sheriff's Department; it's agents, servants or employees participating in the Boone County Sheriff's Explorer Program, or any education institution possessing the same.

I do hereby agree that should I resign or be terminated from the Boone County Sheriff's Explorer Program, that I will promptly return all equipment assigned to me in good, clean working condition. I also understand my failure to return equipment will result in myself or my parent/guardian being held responsible for reimbursement of equipment to the Boone County Sheriff's Explorer Program.

Done this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Consenting Adult

\_\_\_\_\_  
Witness



**Boone County Sheriff's Explorer**

**Consent and Waiver by Consenting Adult**  
**( To be completed by Parent/Guardian or if Applicant is eighteen (18) or older)**

I, \_\_\_\_\_ do hereby give permission to the  
Parent / Guardian / Applicant

Boone County Sheriff's Explorer Post to use any photography, video or audio transmissions of my child, (or myself) \_\_\_\_\_ for promotional or advertisement purposes related to Post activities.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Coordinator

\_\_\_\_\_  
Date received