



# Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

School: \_\_\_\_\_ School Phone: (\_\_\_\_) \_\_\_\_\_

Grade Last Completed: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_ *(Attach a copy of your last Report Card)*

### Parent Guardian:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Other Contact Information: \_\_\_\_\_

Have you ever been arrested for any reason?  Yes  No If yes, explain: \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No If yes, explain: \_\_\_\_\_

Do you now, or have you illegally experimented with, obtained, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroids or any drug of a similar nature?

Yes  No

By signing this application I attest that the information provided herein is accurate and true. I also realize that I could be asked to take a voluntary drug test to become and/or remain a member of the Explorer Post.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Witness/Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



**Santa Rosa County Sheriff's Office**  
*Sheriff Wendell Hall*

**Background Investigation Waiver  
Authority for Release of Information**

Date of Request: \_\_\_\_\_

Name of Person: \_\_\_\_\_

Other names used: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

I hereby authorize any employee or authorized representative bearing this release to obtain any information in your files including but not limited to criminal history, arrests or sentences served. This release is executed with full knowledge and understanding that the information is for the official use of the Santa Rosa County Sheriff's Office. I hereby release you and your agency from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Pursuant to provisions of Chapter 119, F.S., I hereby request that the Santa Rosa County Sheriff's Office do a criminal history record check on me.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Parent's Signature (If under 18 years of age)

\_\_\_\_\_  
Date Signed

**AFFIDAVIT**

STATE OF FLORIDA, COUNTY OF SANTA ROSA

Before me personally appeared \_\_\_\_\_ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
My commission expires on \_\_\_\_\_.

Personally known -or-  Produced Identification \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

(Place seal here)