



# SNOHOMISH COUNTY SHERIFF'S OFFICE



## EXPLORER PROGRAM

### Membership Application

Please complete all sections, print and sign.

#### Section 1: Personal Information

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

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Last, First Middle) (MM/DD/YYYY)

Alias(es): \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(Name/Relationship/Telephone # or Email Address)

#### If applicant is under the age of 18 years old, complete the following:

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Last, First Middle)

Parent/Guardian Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

#### **Parent/Guardian Waiver:**

I hereby permit and allow my son/daughter \_\_\_\_\_ to participate in the Snohomish County Sheriff's Office Explorer Program. I hereby acknowledge and release, waive and discharge Snohomish County Sheriff's Office, its elected and appointed officials, officers, employees or agents from any liability whatsoever during any activity my son/daughter \_\_\_\_\_ may become involved in while attending a meeting or function.

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

## Section 2: Work &/or School Information

School Name: \_\_\_\_\_ Location: \_\_\_\_\_

Current Grade: \_\_\_\_\_ G.P.A. \_\_\_\_\_ **Please attach a copy of your most recent report card.**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
\_\_\_\_\_

## Section 3: References (non-relatives)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Last, First Middle)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Last, First Middle)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Last, First Middle)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Section 4: Background Questions

### Drug Usage:

- YES  NO 1. Have you ever used any controlled substances not prescribed for you by an authorized individual within the past 12 months?
- YES  NO 2. Have you ever used illegal drugs?
- YES  NO 3. Have you ever sold, offered to sell, or transport for sale, any illegal drugs, controlled substances or narcotics regardless of time frame?
- YES  NO 4. Have you ever used Marijuana or its derivatives within the last 12 months?
- YES  NO 5. Have you ever used any hallucinogenic drugs such as LSD, PCP, mushrooms, etc.?
- YES  NO 6. Have you ever used non-prescribed opiates or narcotics (heroin, morphine, oxycodone, etc.)?
- YES  NO 7. Have you ever used anabolic steroids within the past 12 months?
- YES  NO 8. Have you ever used cocaine or its derivatives?
- YES  NO 9. Have you ever used methamphetamine/ amphetamine (crystal, crank, ice, glass, ecstasy, speed, etc.)?
- YES  NO 10. Have you ever consumed any alcoholic beverage without being in direct supervision and with the permission of your parent or guardian?
- YES  NO 11. Have you ever used any prescription drugs that were not prescribed to you (oxycontin, vicodin, etc.)?
- YES  NO 12. Have you ever applied to be a Law Enforcement Explorer with any other agency?  
If yes, which agency \_\_\_\_\_ When? \_\_\_\_\_

### Criminal:

- YES  NO 13. Have you ever been convicted of a Felony?
- YES  NO 14. Have you ever been convicted of a misdemeanor?
- YES  NO 15. Have you ever been arrested for anything?
- YES  NO 16. Have you ever been in possession of a firearm (regardless if criminally charged or not, do not include while at a range training facility under supervisor or while enlisted in the military)?

**Traffic:**

YES  NO 17. Have you ever had your driver's license suspended/ revoked?

YES  NO 18. Using the following point schedule, have you accumulated more than six (6) points in the past two years? More than ten (10) points in the past five (5) years?

Points	Violation
2 points	Standard Moving or Equipment Violation
2 points	Speeding, 1-14 mph over the speed limit
3 points	Speeding, 15-19 mph over the speed limit
4 points	Speeding, 20 + miles over the speed limit
6 points	Hit and run unattended, negligent driving, reckless driving, or DUI with no accident
8 points	Hit and run attended, reckless driving or DUI with an accident

All the information provided in this application is true and accurate to the best of my knowledge. I understand that this information will be verified and that any mis-statement will result in removal from the eligibility list and/or position of Explorer.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of Applicant: \_\_\_\_\_



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I, \_\_\_\_\_ (parent/guardian/self), give my permission to have my son/daughter/self, \_\_\_\_\_ (full name), Date of birth \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

treated at the most available medical facility, in the event the above dependent/self becomes ill or injured. I further understand I am responsible for the cost of any such treatment.

As the parent/guardian or Explorer adult over 18 (self), I authorize my son/daughter/self to participate in the activities of the Snohomish County Sheriff's Office Explorer Program. This authorization acknowledges certain dangers may occur, including, but not limited to, the hazards of strenuous physical exercises, mock scene participation, firearms training and any other duty or circumstances associated with the Snohomish County Sheriff's Office Explorers which may result in injury and/or death and/or property damage.

In consideration of, and by authorization of, my son/daughter/self the right to participate in this program. I have and do hereby assume all of the above mentioned risks and will indemnify, defend and hold harmless Snohomish County, its elected and appointed officials, officers, employees, or agents from any and all liability, action and causes of action, debts, claims, demands of every kind and nature whatsoever, which may arise from my/my son's/my daughter's participation in or going to and from any activities arranged for me/my son/my daughter by the aforementioned parties.

The participant and, if applicable, the authorized adult each expressly agrees to assume the risks associated with participation in the Explorer Program, and agree that the foregoing release, waiver and indemnity agreement is intended to be as broad and as inclusive as is permitted by the law of the State of Washington. If any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. The terms of this agreement are intended to benefit only the parties and not to benefit any non-party.

I have adequate insurance coverage to cover my medical needs should I become ill or injured, and understand I must fully bear the cost of such treatment through such coverage.

The terms hereof shall serve as a release and assumption of risks for my heirs, executor and administrators and for all members of my family.

As a parent, legal guardian, or self, I understand the aforementioned and acknowledge so by signing this form. I swear the information contained on this form, which I have provided, is complete and accurate to the best of my knowledge.

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

(If Explorer applicant is under 18)

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



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### AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION



I hereby authorize and release information regarding my son/daughter/self, \_\_\_\_\_.

This information is to be obtained by and released only to the members assigned as investigators for the Snohomish County Sheriff's Office. It is expressly understood that a thorough background investigation and/or a polygraph exam for my son/daughter/self, \_\_\_\_\_ is necessary for determining eligibility for membership in the Snohomish County Sheriff's Office Explorer program. It is further understood that any information released shall be used for the sole purpose of determining membership eligibility within the Explorer program only and shall not be used or released for any other purpose.

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

(If Explorer applicant is under 18)

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