



RICHLAND COUNTY SHERIFF'S DEPARTMENT
EXPLORER POST #601 PROSPECT APPLICATION

Last Name _____ First Name _____ MI _____

Age _____ DOB _____ Race _____ Sex _____ SSN _____

Driv. Lic. # _____ Address(Street) _____

City _____ State _____ Home# () _____ Cell#() _____

Parent/Guardian Name (if under 18) _____

Address _____ Home#() _____

Cell#() _____ Work#() _____ Pager# _____

Name of School Attending _____ Phone# _____

Have you ever been arrested? (Circle) Y N If yes, please explain on a separate piece of paper.

Have you ever been charged with a crime other than speeding? (Circle) Y N If yes, please explain on a separate piece of paper.

Are you or have you ever been a member of a gang? (Circle) Y N If yes, explain on a separate piece of paper.

Is there anything that can disqualify you from being an explorer with RCSD?

Do you speak a second language?_____If yes, list the languages you speak:

Is all of the information you provided the truth? _____

Are you withholding ANY information at this time?_____

I,_____state that the information given is truthful, honest, and given to my best recollection. I understand that any falsification on this application can hinder me from becoming a RCSD Explorer, or have me permanently expelled from the post. Upon leaving the post, I will return all Richland County Sheriff's Department Explorer Post equipment within five days. Failure to do so can and will result in Legal and Criminal actions brought against me. I have read the RCSD Explorer Manual and understand all that is written within. I will follow these procedures or risk the chance of being expelled from the post. I understand that this application does not constitute a contract between myself and the Richland County Sheriff's Department, or any other employee. I understand that this is only an agreement for voluntary services, and I can leave anytime on my own free will. I understand that my voluntary services can be revoked or terminated at anytime, at the discretion of the Sheriff or his designees.

Name(Print)_____

Signature_____Date_____

Parents/Guardian Signature(under 18)_____Date_____

Witness Signature_____Date_____

Thank You for your interest in the Richland County Sheriff's Department 601. Please mail your application with all required documents to Richland County Sheriff's Department Explorer Post 601, 5623 Two Notch Road Columbia, SC 29223. Your application will be processed as quickly as possible.



Richland County Sheriff's Department Parental Agreement

As a parent of a Richland County Sheriff's Department Explorer, we rely on you to help us in molding your child into future leaders! We value your involvement and opinion, and utilize it to make your child the best that they can be. Please fill out the basic information below in order for us to process the application. Thank you for trusting the Richland County Sheriff's Department Explorer Post 601 with your child's future!

Parent/Guardian Name_____

Address(Physical)_____City_____State_____Zip_____

Contact #Home_____Work_____Cell_____

Occupation_____Work Address_____

Is there anyone else who is allowed to pick up or interact with your child in your absence? _____Name_____Contact#_____

Address_____Relationship_____

Do your child have any physical, mental, or social ailments that may prevent them from fully participating in this program?_____If yes, please explain:

I _____, profess and claim to be the parent/legal guardian of _____ . I understand that the Explorer program is a leadership program that encompasses paramilitary type training, and training in many facets of law enforcement. I understand that my child will be involved in physical activity that may involve running, jumping, defensive tactics, law enforcement scenarios, and other types of training. I understand that the Explorer post is designed to help mold my child into future leaders, with positive goals and quality of life excellence. I commit to work with and support the Richland County Explorer Post 601, to aid in the improvement of my child's goals, character, integrity, work ethic, profession, and quality of life. I realize that I am an integral part of my child's life, and the Explorer Post may utilize me to help in all facets of their positive development.

Print Name_____Signature_____Date_____
