



**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?

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Do you speak a second language?\_\_\_\_\_If yes, list the languages you speak:

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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 than 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.

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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\_\_\_\_\_

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STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF RICHLAND )

**RELEASE OF CLAIMS**

**WHEREAS**, the undersigned has requested of the Richland County Sheriff's Department permission to ride in a Richland County Sheriff's Department Vehicle.

**WHEREAS**, the Richland County Sheriff's Department does not object to this accommodation on its part, providing the undersigned assumes the risk involved in this endeavor.

**NOW**, for and in consideration of allowing the undersigned to ride as a passenger in a Richland County Sheriff's Department vehicle, I hereby release the Richland County Sheriff's Department and the County of Richland, from all claims, demands and causes of action, that the **Releaser** may now have or that might subsequently accrue to **Releaser**, arising out of or connected with, directly or indirectly, the accommodation afforded to the **Releaser** on the part of the Richland County Sheriff's Department and the County of Richland in allowing the **Releaser** to ride as a passenger in a Richland County Sheriff's Department vehicle.

The **Releaser** further agrees that he/she is cognizant that he/she may receive injuries, damages, or other sickness as a result of riding in said Sheriff's car but, further, hereby releases the above mentioned governmental agencies from all liability, claims, demands, costs, charges and expenses from any future personal injuries, damages and/or sickness that might be sustained by the **Releaser**, further shown as the undersigned.

The **Releaser**, same being the undersigned, understands that these injuries, damages and/or sickness that are unknown to him/her at the present time further releases any unknown complications which may arise in the future from the injuries, damages and/or sickness of which he/she is presently unaware and are all covered by this **Release**; and, further, that this was brought to the **Releaser's** attention and discussed prior to his/her signing said **Release**.

The **Releaser**, same being the undersigned, further releases, not only of himself/herself, but for his/her heirs, legal representatives and assigns, the Richland County Sheriff's Department and the County of Richland from any and all claims and causes of action including, without limitations, claims of property damage, direct or indirect medical expenses, pain and suffering, disability, loss of income, if any, based on any injuries, damages and/or sickness that he/she may sustain as a result of riding in the Sheriff's vehicle.

As an additional consideration for allowing the **Releaser**, same being further designated as the undersigned, to ride the Sheriff's vehicle, he/she agrees to indemnify the Richland County Sheriff's Department, and the County of Richland, their legal representatives and assigns against any loss from any and all further claims, demands and actions at law or in equity that may hereafter, at any time, be made or brought by any other person, institution and/or corporation of agency of a government for damages on account of any future injuries or other damages sustained in consequence of the above describes accommodation on the part of the Richland County Sheriff's Department.

The consideration stated herein is contractual and the **Releaser** executes and delivers this **Release** after being fully informed of its terms, contents and effects.

Ride Along Request and authorization for Richland County Explorers Post  
601 Parents of Explorers younger than 18 years of age must sign this release. Explorers 18 years or older may sign their own release.

IN WITNESS WHEREOF, the **Releaser** has executed this release on the \_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_.

\_\_\_\_\_  
**Print name of Explorer**

\_\_\_\_\_  
Date of birth of **Explorer**

\_\_\_\_\_  
Driver's license #

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security #

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

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

\_\_\_\_\_  
Print Parent or Guardian Name

\_\_\_\_\_  
Signature of **RELEASER**  
(Parent or Guardian)

\_\_\_\_\_  
**Emergency contact Name and Phone Number**

Approved for multiple Ride Alongs while a member of the Richland County Sheriffs Department Explorers program for the period beginning \_\_\_\_\_ to \_\_\_\_\_

The Explorer must maintain a copy of this approved form in his/her possession at all times when participating in a Ride Along. All ride alongs for Explorers will be coordinated and arranged by the Explorers supervisory staff.

**SWORN** before me this, the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary public for South Carolina      My commission Expires

\*\*\*\*\* **ADMINISTRATIVE USE ONLY**\*\*\*\*\*

APPROVED: \_\_\_\_\_  
LEON LOTT, SHERIFF of RICHLAND COUNTY

\_\_\_\_\_  
DATE

1. Background Check Completed \_\_\_\_\_
2. Review / Approval by Sheriff \_\_\_\_\_
3. Coordinate with explorer, issue copy of approved form \_\_\_\_\_
4. Ride Along Scheduled for (date) \_\_\_\_\_ at (time) \_\_\_\_\_
5. Region person notified \_\_\_\_\_ (date and time) \_\_\_\_\_

6. **Note to Deputy participating in ride-along:** review the above information and verify the identity of the rider. Obtain their copy of the release, make a copy and file with your region upon completion of the ride.