



Mathews County Sheriff's Office Explorer Program Application Form

Explorers Receive Training, Respect & Appreciation

Nature of Work

The newly developed Explorers program will consist of fifteen (15) Explorers. Each Explorer will receive training in basic law enforcement. The Explorers most important job will be to use his/her learned skills to serve their community and its citizens in a positive manner. Explorers must uphold high standards of paramilitary discipline, respect, honor and dedication to excellence in all areas of their lives. This will be a highly competitive process.

Requirements and Necessary Documents

To participate in the Explorers Program at the Mathews County Sheriff's Office, **all candidates must:**

1. Be at least 13 years of age, but not older than 18 years-of-age.
2. Be a United States Citizen or lawful resident alien.
3. Members must be enrolled in school as a full-time or be a high school graduate taking college courses, maintaining a minimum 2.0 Grade Point Average (GPA). Applicants for membership must submit copy of a recent report card as proof of GPA.
4. Completion of an assigned essay. There are two topics to choose from for the essay.
5. Be drug (illegal) free, including alcohol and tobacco.
6. Have good moral character as determined by a background check and **must not** have a criminal background or gang involvement.
7. Provide two letters of reference from a non-family member attesting to your character. (e.g. teacher, principal, guidance counselor, pastor, neighbor, employer, etc.).
8. Provide a copy of his/her birth certificate, photo ID (driver's license if applicable) and a copy of their parents/guardian's driver's license or identification card.
9. Have and give 100% commitment to meetings and the training program.
10. Have 100% support from parents/guardians.

In addition, all candidates should provide a copy of their health insurance card/information, and should have a career interest in law enforcement, the criminal justice system and/or a community service-related field. **Any attachments required (copy of report card, references, photo ID, birth certificate) should be attached when submitting the application.** Priority will be given to Mathews County residents and if there are still vacancies, consideration will be given to residents of neighboring jurisdictions.

Closing Date

Open until all fifteen (15) positions are filled.

How To Apply

Applications may be obtained at the Mathews County Sheriff's Office

Contact the MASO Explorer Program by calling Sheriff Edwards, the Explorer Coordinator, at (804) 725-2154.

The Mathews County Sheriff's Office is an equal opportunity agency and does not discriminate on the basis of age, citizenship (including citizenship status), color, disability, marital status, national origin, race, religion, sex or sexual orientation.



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Please type or print clearly. Do not leave any field blank. Enter "n/a" if not applicable.

Position Applying For: Mathews County Explorer		
Referred by (Include employee name, and relationship to applicant, if applicable):		
Last name	First name	Middle name
Date of birth and age	Social Security number	Date of application
Mailing address	City and state	Zip Code
Home phone number (w/ area code)	Work phone number (w/ area code)	Cellular / pager number (w/ area code)
E- mail address		

Place of birth (county, state and country)		Race	Sex	Height (feet', inches")
Weight	Eye color	Hair color		
List any scars, marks or tattoos				

By signing this document, I certify that all of the information on this entire application is true and complete to the best of my knowledge. I understand that all information is subject to investigation and that omission, falsification, or misrepresentation is sufficient cause for rejection of this application, removal of my name from consideration or dismissal from service. **I understand that the Mathews County Sheriff's Office is a drug-free workplace and that all Explorers must be drug-free.**

I understand that this application is the property of the Mathews County Sheriff's Office and information contained herein is public record. I am also attesting that I understand and meet all of the minimum requirements of the position I am applying for as stated in the job announcement.

Print applicant's full name Signature D.O.B. or SSN# Date

Print parent/guardian's full name Signature D.O.B. or SSN# Date



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Education and Training Background

List all education/training which you feel relates to the position for which you are applying. Describe in sufficient detail to demonstrate that you meet the minimum requirements of the position.

High School Information:

Are you currently enrolled in high school? <input type="radio"/> yes <input type="radio"/> no	If you have graduated, provide the year
Name of high school	High school phone number (w / area code)
Current grade level in school	What is your G.P.A.?
List any clubs or organizations of which you are a member or activities in which you participate	

College / University / Trade School Information:

Are you currently enrolled? <input type="radio"/> yes <input type="radio"/> no	If you have graduated, provide the year
Name of school / college / university	School phone number (w/ area code)
Current level	What is your G.P.A.?
Major course of study	
List any clubs or organizations of which you are a member or activities in which you participate	
If not in school, have you graduated? <input type="radio"/> yes <input type="radio"/> no	...or do you have a GED? <input type="radio"/> yes <input type="radio"/> no
Describe your future educational plans	
List any and all certifications, qualifications or licenses in any area	



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Driver's License Information

Do you have a valid driver's license? <input type="radio"/> yes <input type="radio"/> no	If yes, in which state was it issued?
Driver's license #	Date of expiration

Employment History

Please list all full-time and part-time work experience which you feel relates to the position for which you are applying. Start with the most recent related position and work back. Major changes in duties or job titles with the same employer should be listed as separate positions. Describe job duties in sufficient detail to demonstrate that you meet the minimum requirements of the position. Use additional sheets in the same format if necessary.

Most recent position:

Title of position			
Employer		Complete employer address (include zip code)	
Start date (M/D/Y)	End date (M/D/Y)	Total time with employer (years, months)	Hours per week
Reason for leaving			
Name / Title of supervisor		Supervisor's telephone number (w/ area code)	
Description of Job Duties:			

Next most recent position:

Title of position			
Employer		Complete employer address (include zip code)	
Start date (M/D/Y)	End date (M/D/Y)	Total time with employer (years, months)	Hours per week
Reason for leaving			
Name / Title of supervisor		Supervisor's telephone number (w/ area code)	
Description of Job Duties:			



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Next most recent position:

Title of position			
Employer		Complete employer address (include zip code)	
Start date (M/D/Y)	End date (M/D/Y)	Total time with employer (years, months)	Hours per week
Reason for leaving			
Name / Title of supervisor		Supervisor's telephone number (w/ area code)	
Description of Job Duties:			

Next most recent position:

Title of position			
Employer		Complete employer address (include zip code)	
Start date (M/D/Y)	End date (M/D/Y)	Total time with employer (years, months)	Hours per week
Reason for leaving			
Name / Title of supervisor		Supervisor's telephone number (w/ area code)	
Description of Job Duties:			



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Please answer the following four questions by circling the appropriate response. If you answer yes to any of the questions, make sure to provide detailed information in the corresponding box.

Controlled Substance/Drug Use:

1. Have you ever illegally used drugs or controlled substances? Yes No
2. Do you now or have you ever illegally possessed, supplied, or sold any drugs or controlled substances? Yes No

If you answered yes to one or both questions above, provide details below:

Name of Drug/Controlled Substance	First used on (Month/Year)	Last used on (Month/Year)	Total Times Used

Criminal History:

3. Have you ever been arrested or detained by any law enforcement agency? Yes No
4. Have you ever been convicted of, or have you ever been found to have committed any civil or criminal law violations? Yes No

If you answered yes to one or both questions above, provide details below:

Charge, Law Violation, or Circumstance	Location (City/State)	Detention, Disposition, or Penalty	Date of Offense (M/Y)

By signing this document, I certify that all of the information provided is true and complete to the best of my knowledge. I understand that all information is subject to investigation and that omission, falsification, or misrepresentation is sufficient cause for rejection of my application, removal of my name from consideration, or dismissal from service.

Print applicant's full name Signature D.O.B. Date

Print parent/guardian's full name Signature D.O.B. Date



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Parental & Emergency Information

Parent / guardian

Father's / Guardian's name:	
Home address	City, state, zip code
Home phone (w/ area code)	Work phone (w/ area code)
Cell phone or pager (w/ area code)	

Mother's / Guardian's name:	
Home address	City, state, zip code
Home phone (w/ area code)	Work phone (w/ area code)
Cell phone or pager (w/ area code)	

Emergency Contact Information

In the event of an emergency and the parent/guardian is unavailable, please list two individuals to be contacted:

Contact #1	
Home address	City, state, zip code
Home phone (w/ area code)	Work phone (w/ area code)
Cell phone or pager (w/ area code)	

Contact #2	
Home address	City, state, zip code
Home phone (w/ area code)	Work phone (w/ area code)
Cell phone or pager (w/ area code)	



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Applicant's Medical History

Last name	First name	Middle name	
Date of birth	Social Security number	Race	Sex
Home address	City and state	Zip Code	

Medical Information

Health / Accident Insurance Company	Phone (w/ area code)	Policy Number
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Are you now, or have you ever been, subject to (please answer yes or no):

Asthma _____ Fainting Spells _____ Convulsions _____

Diabetes _____ Heart Trouble _____ Bleeding Disorders _____
Allergy(ies) to any medication, food, plant, insect bite or other material or substance _____

If you answered yes to any of the above, please list the allergies:

Do you have any conditions that may require special care, medication, or diet? yes no

If you answered yes to the above, please explain:

Are you taking any medication yes no

If you answered yes to the above, please explain:

Are there any restrictions placed on you for any reason, including medical? yes no

If you answered yes to the above, please explain:



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Applicant's / Parental Authorization for Medical Treatment

This medical 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 medical personnel and/or physician, selected by the adult leader in charge, to treat my son/daughter (listed applicant) for any medical or surgical emergency as deemed necessary by medical personnel and/or physician.

Applicant's name (print)	Signature	Date
Parent / guardian name	Signature	Date
Home phone (w/ area code)	Work phone (w/ area code)	Cell / pager (w/ area code)



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Essay:

(Choose 1 topic - If you need more room, use the back of this page.)

- 1) Describe a time when you stepped into an unfamiliar environment or challenge. How did you adapt, what did you learn about yourself, and how would you apply that experience to exploring new opportunities in this program?
- 2) List five characteristics that make an excellent law enforcement officer and describe why these are important for someone working in the criminal justice field.

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I solemnly swear and affirm that the answers that I have made to each and all of the questions are true and complete to the best of my knowledge and belief. I agree and understand that any misstatements of material facts contained herein will be cause for forfeiture on my part to all rights to membership in the Mathews County Sheriff's Office Explorer Program.

I hereby authorize the Mathews County Sheriff's Office to verify any and all facts listed on this application, and to contact any references I have listed.

Date	Signature of applicant
	Signature of parent / guardian

As the parent/guardian of the minor child applying for membership to the Mathews County Sheriff's Office Explorer Program, I hereby give my permission for my child to become a member of the Mathews County Sheriff's Office Explorer Program.

Date	Signature of parent / guardian	
	Driver's license number	Issuing state

COMMONWEALTH OF VIRGINIA

COUNTY OF MATHEWS

On this ____ day of _____, 20 _____,

Before me personally appeared _____
to me well known to be the same person described in and who executed the foregoing document, who having been duly sworn/or affirmed before me, stated that to the best of their knowledge and belief that the statements and answers to the questions in foregoing questionnaire contained, whether in writing or in print, are true.

NOTARY PUBLIC, COMMONWEALTH OF VIRGINIA



Mathews County Sheriff's Office

REQUEST FOR PERMISSION TO RIDE AS AN EXPLORER AND HOLD HARMLESS/INDEMNIFICATION AGREEMENT

I, _____, **parent**, do hereby request permission from the Mathews County Sheriff's Office (hereinafter referred to as "MASO") **for my minor child**, a MASO EXPLORER, to ride in an authorized MASO vehicle and participate in MASO EXPLORER functions, subject to the following conditions:

If permission is granted, my minor child will obey all instructions, orders, or commands given to my minor child by any MASO employee during the ride or such functions. I understand that such instructions, orders, and commands will be for my minor child's safety and protection.

I am fully aware of and appreciate the fact that, as an Explorer, minor child may experience or encounter many of the dangers associated with law enforcement work including, but not limited to, vehicle accidents and altercations with dangerous individuals. I fully realize and appreciate the fact that such dangers may result in physical harm, injury, or death to my minor child. I, on behalf of my minor child, myself, my minor child's heirs, executors and administrators, voluntarily accept any or all risks associated with this activity, and agree to hold harmless and indemnify MASO, the Sheriff of Mathews County, its directors, officers, deputies, employees, agents, representatives, volunteers and servants from any claim, cause of action, or lawsuit resulting from personal injury or property damage to my minor child or others during my minor child's ride participation as an Explorer **including any claim, cause of action or lawsuit based on the negligence, actions or inactions of MASO, the Sheriff of Mathews County, its directors, officers, deputies, employees, agents, representatives, volunteers or servants.**

I, the undersigned, intending to be legally bound hereby, for my minor child, myself, my minor child's heirs, executors, and administrators, waive and release any and all rights and claims for losses and damages including, but not limited to, personal injuries and property damage, that exist, now or in the future, against MASO, the Sheriff of Mathews County, its directors, officers, deputies, employees, agents, representatives, volunteers and servants resulting, either directly or indirectly, from my minor child participating as a MASO Explorer **including any claim, cause of action or lawsuit based on the negligence, actions or inactions of MASO the Sheriff of Mathews County, its directors, officers, deputies, employees, agents, representatives, volunteers or servants.**

I understand that this Hold Harmless and Indemnity Agreement includes any and all claims based on the negligence, actions or inactions of MASO, the Sheriff of Mathews County, its directors, officers, deputies, employees, agents, representatives, volunteers or servants and covers bodily injury and property damage, whether suffered by my minor child or another person.

The parties recognize that in order to simplify the paperwork associated with each Explorer detail, function, special event, or trip, this agreement shall be applicable to all Explorer Activities.

It is further agreed that as an Explorer my minor child will not carry a firearm.



Mathews County Sheriff's Office

REQUEST FOR PERMISSION TO RIDE AS AN EXPLORER AND HOLD HARMLESS/INDEMNIFICATION AGREEMENT

I, _____, a MASO EXPLORER, **being 18 years of age or older**, do hereby request permission from the Mathews County Sheriff's Office (hereinafter referred to as "MASO") to ride in an authorized MASO vehicle and participate in MASO EXPLORER functions, subject to the following conditions:

If permission is granted, I will obey all instructions, orders, or commands given to me by any MASO employee during the ride or such functions. I understand that such instructions, orders, and commands will be for my safety and protection.

I am fully aware of and appreciate the fact that, as an Explorer, I may experience or encounter many of the dangers associated with law enforcement work including, but not limited to, vehicle accidents and altercations with dangerous individuals. I fully realize and appreciate the fact that such dangers may result in physical harm, injury, or death to me.

I, on behalf of myself, my heirs, executors and administrators, voluntarily accept any or all risks associated with this activity, and agree to hold harmless and indemnify MASO, the Sheriff of Mathews County, his/her directors, officers, deputies, employees, agents, representatives, volunteers and servants from any claim, cause of action, or lawsuit resulting from personal injury or property damage to myself or others during my participation as an Explorer **including any claim, cause of action or lawsuit based on the negligence, actions or inactions of MASO, the Sheriff of Mathews County, its directors, officers, deputies, employees, agents, representatives, volunteers or servants.**

I, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for losses and damages including, but not limited to, personal injuries and property damage, that exist, now or in the future, against MASO, the Sheriff of Mathews County, its directors, officers, deputies, employees, agents, representatives, volunteers and servants resulting, either directly or indirectly, from my participating as a MASO Explorer, **including any claim, cause of action or lawsuit based on the negligence, actions or inactions of MASO, the Sheriff of Mathews County, its directors, officers, deputies, employees, agents, representatives, volunteers or servants.**

I understand that this Hold Harmless and Indemnity Agreement includes any and all claims based on the negligence, actions or inactions of MASO, the Sheriff of Mathews County, its directors, officers, deputies, employees, agents, representatives, volunteers or servants and covers bodily injury and property damage, whether suffered by myself or another person.

The parties recognize that in order to simplify the paperwork associated with each Explorer detail, function, special event, or trip, this agreement shall be applicable to all Explorer Activities.

It is further agreed that as an Explorer, I will not carry a firearm.

In entering this Agreement, the parties represent that they have had a reasonable opportunity to seek and select legal advice and have relied upon the advice of their own legal representative,

