

LASSEN COUNTY SHERIFF'S DEPARTMENT
EXPLORER POST #5150

****EXPLORER APPLICATION****

Last Name _____ First Name _____ MI _____

Age _____ Date of Birth _____ Sex _____

Race _____ Height _____ Weight _____

Phone number _____

Home address _____ apt # _____

City _____ State _____ Zip _____

Mailing address (if different than above) _____

Fathers name (and address if different) _____

Mothers name (and address if different) _____

School _____ Grade _____ GPA _____

Names of brothers/sisters _____

Do plan to go to college? Yes No Proposed major? _____

Do you have a current drivers license? Yes no

Number _____ State _____

Do you own or are you the principle driver of a car? Yes no

Make _____ Model _____ Year _____

Color _____ license number & state _____

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Employment:

Current employer/position _____

Previous employer/position _____

Have you ever been fired from any employment? Yes no
(reason) _____

Have you ever been convicted of a criminal offense? Yes no

Have you ever received a traffic ticket? Yes No
(if yes, state offense and disposition of ticket) _____

Have you ever had, or do you currently have, any mental or physical defects or disabilities which would affect your ability to effectively participate in this program? Yes No

If the answer to any question above is "yes", explain below:

Hobbies, interests, and skills you possess:

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I, (print your name) _____ understand that any portion of this form is subject to examination by the Lassen County Sheriff's Department, and that a background investigation may be made, using the information contained in this application. I further understand that the information contained herein will be used solely for the explorer program and for no other purposes. All of the information contained in this application is true and correct to the best of my knowledge, and I further understand and agree that any false information given or failure to answer all questions fully may result in the rejection of this application.

Signature _____

Date _____

(Do not write below this line)

Application accepted yes no
(if rejected, give reason(s)) _____

Date of appointment _____

Comments _____

**LASSEN COUNTY SHERIFF'S EXPLORER
PARTICIPATION WAIVER**

1. That I agree that the work of the Lassen County Sheriff's Office is inherently dangerous and although every necessary precaution will be taken I understand that I may be subjected to the risk of death or personal injury or damage to my personal property by accompanying a member or members of the Sheriff's Office or by working in the Adult Detention Facility / Community Correctional Facility in and around inmates, and that I freely, voluntarily, and with such knowledge assume the risk of death, personal injury, or property destruction arising from or in any way connected with the use of weapons; unlawful acts of force or forcible resistance by law violators or suspected law violators, assault, riot, breach of the peace, fire, explosion, gas, electrocution, or the escape of radio active substances while accompanying a member or members of the Lassen County Sheriff's Office or while working with in the Lassen County Adult Detention Facility (jail).

2. That the Boy Scouts of America and its employees and members, County of Lassen, the Board of Supervisors, County Administrative Officer, its officers and employees, the Sheriff, all members of the Lassen County Sheriff's Office, and each of them, shall not be responsible or liable for any injury, damage, loss, or expense, either to me or my property, incurred while working with any respect to the business of Lassen County, or while accompanying any member or members of said department, or while working within the Adult Detention Facility / Community Correctional Facility, or while participating in any Explorer Post activities and resulting from any negligent, act or omission on the part of any member of the Lassen County Sheriff's Office whether within or outside of their scope of employment.

3. For myself, my heirs, executors, administrators, and assigns to defend and indemnify the Boy Scouts of America and its employees and members, County of Lassen, the Board of Supervisors, the County Administrative Officer, its officers and employees, the Sheriff, and all members of the Lassen County Sheriff's Office, and each of them, against any and all manner of actions, causes of actions, suits, debts, claims, demands, or damages or liability of expense of every kind and nature incurred or arising by reason of actual or claimed negligent or wrongful act or omission of mine while working with any respect to the business of Lassen County, or accompanying any member or members of said department, or while working within the Adult Detention Facility / Community Correctional Facility, or while participating in any Explorer Post Activities.

4. That I understand that the Adult Detention Facility / Community Correctional Facility is a "no hostage" facility and in the event that I were to be taken as a hostage in any circumstances, that escape or freedom of any type, alternative hostages, the ability to harm or injure another will not be used in negotiations for my safe release.

5. That in the event of illness or injury occurring to myself while involved in any post activity, I consent to x-ray examination, anesthesia, medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending medical professionals and performed by or under the supervision of a member of the medical staff of the medical service

Providing medical care. It is understood that in the event of serious illness or injury, every reasonable effort will be made to contact the parent, legal guardian, or if over 18, a person of designation made by the Explorer.

6. That I will be covered by the Post Insurance through the Boy Scouts of America.

7. Whereas, this waiver will be in effect for as long as I am associated with the Lassen County Sheriff's Office, by the Explorer, or his/her parent of legal guardian.

8. I hereby represent that I have carefully read, considered, and understand the contents of this document and sign the same of my own free will.

Dated: _____

Signature of Explorer: _____

Print Name: _____

Signature of parent/guardian _____
(If under 18)

Meetings: 2nd. And 4th Wednesday of every Month.

Contact Sgt. McGarva at 530-251-8013