



Ascension Parish Sheriff's Office

Law Enforcement Explorer Requirements

Nature of the Program

The Explorer program is an introductory program that provides training and law enforcement experience to today's youth. Explorers will learn about the law, law enforcement techniques, physical, and organizational skills. The Explorers most important job will be to use the skills learned to serve the community and its citizens in a positive manner. Explorers must uphold high standards of discipline, respect, honor, and dedication to excellence in all areas of their lives.

Requirements and necessary Documents

To Participate in the Ascension Parish Sheriff's Office Explorers Program, **ALL CANDIDATES MUST:**

- Be at least 14 to 18 years of age
- Proof of Ascension Parish Residency
- Be a United States Citizen or lawful resident
- Have proof of active enrollment in school and maintain a 2.5 or higher GPA
- Be Drug-free, including tobacco, vaping, and alcohol
- Have good moral character as determined by a background check
- Must not have a criminal record
- Must not be affiliated with a gang or gang activity
- Provide a copy of birth certificate, school photo ID, and or Driver's License
- Provide a copy of parent's or Guardian's Driver's License
- Have 100% Support of Parent's or Guardian's
- Give 100% commitment to attend mandatory meetings and assigned activities
- In addition, all candidates should provide a copy of their health insurance card or information

Email completed applications to **ttureau@ascensionsheriff.com**



Ascension Parish Sheriff's Office

Law Enforcement Explorer Application Form

Please complete this form in its entirety or the application will not be processed. If a section does not apply to you, please indicate by writing N/A in the field provided. Any deliberate inaccuracies or incomplete statements may result in the application being rejected and you may be removed from further consideration.

PERSONAL INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Nickname or Alias: _____

Date of Birth: ____/____/____ Place of Birth: _____

Social Security Number: ____/____/____

Race: _____ Gender: _____

Home Address: _____

City/State: _____/_____

Zip Code: _____

Previous address(s): (within last five years)

Phone: _____ Alternate Phone: _____

Email: _____

Are you related to anyone currently or formerly employed by the Ascension Parish Sheriff's Office?

Yes or No (Circle one)

If "Yes", List?

REFERENCES:

Please list four individuals you have known for at least five years. DO NOT USE FAMILY MEMBERS AS REFERENCES. References must provide recommendations as to the character, community involvement, and club affiliations of the applicant. Examples for references can include teachers, administrators, guidance counselors, community leaders, clergy, or coaches.

1. Name: _____

Affiliation: _____

Phone: _____

2. Name: _____

Affiliation: _____

Phone: _____

3. Name: _____

Affiliation: _____

Phone: _____

4. Name: _____

Affiliation: _____

Phone: _____

EDUCATION:

Are you currently enrolled in Middle or High School? YES or NO (Circle one)

Name of School: _____

Current Grade Level: _____ What is your cumulative GPA? _____

Are you currently enrolled in a trade school or college? YES or NO (Circle one)

If "Yes" Name of College or School

Please list any Clubs or Organizations of which you are a member or activities you participate in:

EMPLOYMENT:

Current Employer: _____

Hire Date: _____

Position: _____ Supervisor's Name: _____

Business Address: _____

Business Phone: _____

Please list any past employment within the past 5 years to include name of business, address, supervisor's name, and dates employed.

1. _____

2. _____

3. _____

4. _____

CONTROLLED SUBSTANCE/DRUG USE:

Have you ever illegally used drugs, alcohol, or a controlled substance?

YES or NO (Circle One)

Do you now or have you ever illegally possessed, supplied, or sold any drugs, alcohol, or controlled substance?

YES or NO (Circle one)

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

Name of drug/substance	Date used or possessed	Last used or possessed

CRIMINAL HISTORY:

Have you ever been arrested or detained by any law enforcement agency?

YES or NO (Circle one)

Have you ever been convicted of, or committed any civil or criminal law violation?

YES or NO (Circle one)

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

Violation or Charge	Location of Incident (City/State)	Disposition of Incident	Date of Offense

PARENTAL INFORMATION:

Parent/Legal Guardian Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Work Phone: _____

Email Address: _____

Parent/Legal Guardian Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Work Phone: _____

Email Address: _____

EMERGENCY INFORMATION:

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

Contact 1

Name: _____

Relationship: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Work: _____

Email Address: _____

Contact 2

Name: _____

Relationship: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Work: _____

Email Address: _____

MEDICAL INFORMATION:

Do you have any condition that may require special care, medication, or diet?

YES or NO (Circle one)

If "YES", Please explain and list condition:

Are you taking any medications? YES or NO (Circle one)

If "YES", please list medication:

Are there any restrictions in place on you for any reason, including medical?

YES or NO (Circle One)

If "YES", Please list any restrictions and reasons:

Do you have any allergies to any food, plants, insect bites or substances that may affect you while attending classes or training? YES or NO (Circle one)

If "YES" please explain:

Please provide Health Insurance information:

Insurance Provider Company Name: _____

Insurance Policy Number: _____

Company Phone Number: _____

APPLICANT/PARENTAL AUTHORIZATION FOR MEDICAL TREATMENT

This medical history is true and correct to the best of my knowledge, and the applicant listed herein has permission to engage in all activities, except as noted by me. It is understood that in the event of a serious illness or injury, reasonable efforts to contact me will be attempted. In the event I cannot be reached in an emergency, I hereby give permission to medical personnel and or a physician to treat my son/daughter for any medical emergency as deemed by medical personnel and or physician.

Applicant Name (Print):

Applicant's Signature:

Date

Parent/Guardian Name (Print):

Parent/Guardian Signature:

Date



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By signing this document, I certify that all the information on this application is true and complete to the best of my knowledge. I understand all information is subject to investigation and the omission, falsification, or misrepresentation of any information is cause for rejection of this application, removal from consideration, or dismissal from the Explorer Program. I understand that the Ascension Parish Sheriff's Office is a drug free workplace, and the Explorers must be drug free.

I hereby authorize the Ascension Parish Sheriff's Office to verify all information on this application and to contact any references listed.

As the parent/guardian of the applicant (if under 18yrs. of age) applying for the Ascension Parish Sheriff's Office Explorer Program, I hereby give my permission and authorize that my child may become a member of the Explorer Program if selected.

Applicant Name (Print)

Applicant Signature

Date



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HOLD-HARMLESS AND RELEASE FORM

The undersigned, and the parents or guardians of _____, a participant of the Ascension Parish Sheriff's Department Explorer Program, hereby indemnifies and holds harmless the Parish of Ascension, The Ascension Parish Sheriff's Department, its agents and employees, specifically including any and all deputies or personnel, Including volunteers, involved with the supervision and control of the Ascension Parish Sheriff's Department Explorer Program from any claims of any kind whatsoever or of any nature for injury to the person or damage to the property of _____, his or her parents, siblings or heirs. This indemnity and hold-harmless agreement shall be considered a complete and total waiver of any and all liability on the part of the Ascension Parish Sheriff's Department, its agents, employees, or volunteers and particularly the deputies engaged in the supervision and control as set forth herein above.

Signature of APSO Explorer

Date

Print Name of APSO Explorer

Signature of Parent or Legal Guardian

Date

Print Name of Parent or Legal Guardian

**STATE OF LOUISIANA
PARISH OF ASCENSION**

I, _____ a Notary Public of said state, do hereby certify that.

_____ personally, appeared before me on this

day and acknowledged the due execution of the foregoing hold-harmless and release form.

Witness my hand and notarial seal this the _____ day of _____, 20_____.

Notary Public



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MEDIA AND PHOTOGRAPHY RELEASE

I, (Print Name) _____, applicant/parent of legal guardian of (Applicant's Name) _____, hereby grant permission to representatives of the Ascension Parish Sheriff's Department Explorer Program and or the Ascension Parish Sheriff's Office to take and use photographs and or digital images of myself/child for use in news releases and or promotional materials. Materials may include printed or electronic publications, websites, or other electronic communications. I further agree that my name/child's name and identity may be revealed in descriptive text or commentary in connection with the images. I authorize the use of these images without compensation. All negatives, prints, and digital reproductions shall be the property of the Ascension Parish Sheriff's Department.

Signature of Parent/Legal Guardian:

Signature of Applicant (If over 18 Years of age)

Date



Ascension Parish Sheriff's Office

EXPLORER'S OATH OF OFFICE

EXPLORER'S NAME: _____

I do solemnly declare upon my honor that I will faithfully discharge the duties of an Ascension Parish Sheriff's Office Explorer.

I will recognize the dignity and worth of my fellow man and use fair play and goodwill in dealing with all people.

I will always strive to do what I know is right even when it is difficult.

I will act with honesty, courtesy, and regard for the welfare of others.

I pledge to continuously work toward excellence in all aspects of my life.

I will do my best today for a better tomorrow.

I will be trustworthy in words and action, treat others with respect and be responsible in all things.

I pledge to always be fair, caring, and to live an exemplary life at home, school and in my community.

Now and in the future, I will constantly strive to honor this oath in my service as an Ascension Parish Sheriff's Office Explorer.

Please sign and date that you have read, understand, and agree to be bound by the Explorer Oath of Office.

Explorer Signature

Date

Parent or Legal Guardian Signature

Date



CONFIDENTIALITY WAIVER

The Ascension Parish Sheriff's Office, during their normal day-to-day business has access to certain criminal and medical information, which is protected from public disclosure by applicable State and Federal Statutes.

I acknowledge that by being in proximity of an employee I may see, hear, or otherwise learn of certain criminal and/or medical information, which is protected from public disclosure by applicable State and Federal Statutes.

I understand that I shall not disclose to anyone including, but not limited to, my family, friends, and co-workers any information pertaining to criminal activities, criminal records, incident addresses, CAD event screens, emergency or non-emergency call information, premise history, telephone records, medial information, or the location of a medical response that I may see, hear, or otherwise learn of while participating as an Explorer.

I understand that I may be exposed to Criminal Justice Information. Pursuant to state and federal regulations, this information is to be used only for the administration of criminal justice and not shared for any other purpose. I understand that I am prohibited from sharing criminal justice information seen or heard within the agency with any other person. Improper disclosure of information may result in criminal prosecution.

I further agree to hold harmless, defend, and indemnify the Ascension Parish Sheriff's Office, its employees, officials, deputies, etc. from any and all claims of liability for injury or damage suffered by third parties or entities arising out of my disclosure of confidential information.

NOTE: *Persons under the age of 18 years old, also require the signature of their parent or legal guardian.*

Printed Name

Signature

Date

Parent or legal guardian signature, if required _____

Date

APSO Employee

