



**Blount County Sheriff's Office
Explorer Post 86**



Membership Application

Dear applicant,

Thank you for your interest in the Blount County Sheriff's Office Explorer program. This volunteer program is a vital part of the Sheriff's Office. The Explorer program is designated for individuals between the ages of 16 to 21. This volunteer position is highly visible in the community and, in such, should be treated seriously and maturely. In order to become and maintain membership in the Explorer post, you must:

- If under 18, have parental approval.***
- Not have a juvenile or criminal record.***
- If in school, maintain a "C" average in all classes.***
- Be in good standing with teachers and principals.***
- Abide by all rules and regulations governing Explorer Post 86***

Sincerely,

Randall McKenzie

***Deputy Randall McKenzie
Senior Post Advisor***

**BLOUNT COUNTY SHERIFF'S OFFICE
EXPLORER POST 86
MEMBERSHIP APPLICATION**

-Attention-

***Please attach a copy of the following documents to this application:
(If documents are not present your application will not be processed.)**

- 1. Report card issued by your school, or a copy of your high school diploma or G.E.D certificate.**
- 2. Driver's license. (if applicable)**
- 3. Birth certificate.**

***Mail completed applications to:**

**Blount County Sheriff's Office
Attn: Deputy Joe McCarter
940 E. Lamar Alexander Pky.
Maryville, TN. 37804**

If you have any questions about this application or the Blount County Sheriff's Office Explorer Program, feel free to contact Deputy Joe McCarter at (865) 273-5162 or jmccarter@bcso.com.

**BLOUNT COUNTY SHERIFF'S OFFICE
EXPLORER POST 86
MEMBERSHIP APPLICATION**

-INSTRUCTIONS-

Applications must be printed legibly in black ink. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size to the application.

Date of Application: _____/_____/_____
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(A) Personal Information

Name: _____		
Last,	First	Middle
Address: _____		
Box #	Street Name	

City,	State	Zip

Home Phone: _____ - _____ - _____	Cell Phone: _____ - _____ - _____	
Date Of Birth: ____/____/____	Age: ____	Social Security Number: _____ - _____ - _____
Drivers License Number: _____	State: _____	
Race: _____	Sex: _____	Eyes: _____
Hair: _____	Height: _____	Weight: _____
Place Of Birth: _____		
City,	State	

(B) Medical Information

Family Physician: _____		

Address	City, ST	Phone #

Do you have any medical condition that could affect your participation in the Explorer program?		
[] Yes	[] No	If yes, explain: _____

(C) Emergency Contact Information

Relationship: _____		
Name: _____		
Last,	First	Middle
Address: _____		
Box #	Street Name	

City,	State	Zip

Home Phone: _____ - _____ - _____	Cell Phone: _____ - _____ - _____	
Place Of Employment: _____	Work Phone: _____ - _____ - _____	

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(F) Education

Are you currently enrolled in school? [] Yes [] No

Current Or Last School Attended: _____

Anticipated Graduation Date: _____
Year

If in college, what is your major? _____

List all classes you are currently taking

Class: _____ Grade: _____

Class: _____ Grade: _____

Class: _____ Grade: _____

Class: _____ Grade: _____

Class: _____ Grade: _____

Class: _____ Grade: _____

Class: _____ Grade: _____

Have you ever been suspend or expelled from school? [] Yes [] No

If yes, give date and reason:

(G) Driving History

Do you currently have a valid Tennessee drivers license: [] Yes [] No

Driver License Number: _____ State: _____ Class: _____ Expiration: _____

License Restrictions: _____

Have you ever been involved in an automobile accident where you were the driver? [] Yes [] No

Have you ever received a traffic citation? [] Yes [] No

If yes, explain: _____

Do you currently have a vehicle? [] Yes [] No

Year	Make	Model	Color	Tag #
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If you do not have a vehicle, do you have reliable transportation? [] Yes [] No

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(H) Work History

Current Employer: Name Of Company: _____			
Address: _____			
Box #	Street Name		
City,	State	Zip	
Position Held: _____		Hire Date: _____	
Supervisor: _____		Phone Number: _____ - _____ - _____	
Employment Status: <input type="checkbox"/> Full Time Employee <input type="checkbox"/> Part Time Employee			
List your last three employers, starting with the most recent.			
Company Name	Address	Supervisor	Reason For Leaving
1.) _____	_____	_____	_____
2.) _____	_____	_____	_____
3.) _____	_____	_____	_____
Have you ever been terminated from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, describe: _____			

(I) Criminal History

Have you ever paid a fine more than \$25.00? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain: _____	

Have you ever been arrested, charged, convicted or received notice or summons to appear in court?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain: _____	

Have you ever been detained by any law enforcement officer for investigative purpose, or to your knowledge have you ever been the suspect in any criminal investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain: _____	

Have you consumed any alcoholic beverage in the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever consumed any illegal drug or narcotic, other than that prescribed by a licensed physician? <input type="checkbox"/> Yes <input type="checkbox"/> No	

(J) Miscellaneous

Are you currently, or have you ever been a member of any other Explorer post? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain: _____	
Have you ever applied to this post in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain: _____	

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(K) Waiver

I, _____, hereby certify all the information given herein is true and complete to the best of my knowledge and belief.

I understand and acknowledge that any false or misleading response or answer on this application will be grounds for elimination from consideration or immediate dismissal if discovered after acceptance.

If accepted, I understand and agree that I may be ordered by the senior advisor to submit to a random drug test or blood alcohol test at anytime. Refusal to submit to such a test will result in immediate dismissal.

I authorize any necessary background investigations and authorization to check with schools that I attend or have attended. I also authorize the retrieval of any information or transcripts related to acceptance.

Furthermore, I hereby release, absolve and hold harmless from any and all liability of whatever type, the Blount County Sheriff's Office for any accidents, calamities, injuries or death which may befall me as a consequence of my participation in post activities.

It is understood that due to the very nature of police work, that circumstances and situations will arise which will endanger me, but that since my participation is for my benefit, I waive all possible liability of the Blount County Sheriff's Office and the individual officers of the Sheriff's Office as above stated.

Applicant's Signature

Date

Witness Signature

Date

-If under 18-

I, _____, certify that I am the parent or legal guardian of the above named minor child. I give my permission for all above stated background investigations and give permission for random drug and alcohol tests to take place. I also give permission for my child to participate in all Explorer Post functions and do agree not to hold the Blount County Sheriff's Office, its officers and post advisors, responsible for any accidents, calamities, injury or death that my minor child may incur as a result in participation in Explorer Post functions.

Parent or Legal Guardian Signature

Date

Applicant's Signature

Date

Witness Signature

Date