

**SISKIYOU COUNTY
INTER-AGENCY LAW ENFORCEMENT EXPLORER POST #911**

MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

PHONE # _____

Birthday: _____ School GPA: _____

School Currently Attending: _____

Have you ever been a member of another scouting group: (Y / N) list, _____

Why do you want to become a Law Enforcement Explorer: (check if continued on attached page)

What are your school and career goals at this point in your life:

List 4 references or acquaintances: ie.. FAMILY, FRIENDS, FRIENDS PARENTS, TEACHERS

(Name)	(Relationship)	(Address)	(Phone #)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have family employed by a law enforcement agency? (Y / N) Agency: _____

Have you ever been arrested or received a traffic citation? (Y / N) Please Explain: _____

Initials of Explorer _____
Initials of Parent/Guardian _____

All questions on this application have been answered truthfully to the best of my knowledge. I have discussed my joining the Siskiyou County Interagency Law Enforcement Explorer POST with my parents and guardians and they are allowing me to join.

I am hereby informed that the Siskiyou County Sheriff's Department will be conducting an investigation and background check into all aspects of my fitness to serve in an explorer position. I understand such an investigation may included but is not limited to , contacting in person, writing or by telephone, any person, organizations, or agencies who provide information.

I authorize those persons, organizations, and agencies to release any and all information they may possess concerning me, including but not limited to information of a confidential or privileged nature, or any data or material withheld pursuant to any prior agreement or court proceeding involving disciplinary matters.

I hereby hold harmless, release, discharge, and exonerate the County of Siskiyou, its agents and representatives, any organization or agency it's agents, representatives, and all persons furnishing and/or allowing inspection of such documents, records and other information and this release shall be binding on my legal representatives, heirs, and assigns.

EXPLORER APPLICANT: _____
(Signature) (Date)

PARENT / GUARDIAN: _____
(Signature) (Date)

Please contact the Explorer POST advisor if you have any questions at (530) 842-8301.

You may mail this application to the Siskiyou County Sheriff's Department or drop it off at the front counter. Siskiyou County Inter-Agency Explorer Coordinator, 311 Lane Street, Yreka, CA 96097.

Or email at : explorer911@co.sisqjustice.ca.us