



Frank W. Kelly
Sheriff

Mark Schmidt
Undersheriff

Miami County Sheriff's Office

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**EXPLORER POST 2502
APPLICATION**

(Please Print or Type)

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip Code

Phone: (_____) _____ Age: _____ Date of Birth: _____ Male ___ Female ___
Area Code

EDUCATION

Are you currently attending school? Yes _____ No _____

School Attending: _____
Name of School

_____ School Address Phone Number

Circle the Year Completed: 8 9 10 11 12 College 1 year 2 years 3 years

(All applicants must have completed the 8th Grade by their 14th birthday)

Current Grade Point Average _____ (GPA must be 2.0 or greater)

School Activities: (List Clubs, Organizations, Sports, etc.)

PARENTS / GUARDIAN

Father: _____ Phone No. _____

Address: _____

Father's Employer: _____ Work Phone No. _____

Mother: _____ Phone No. _____

Address: _____

Mother's Employer: _____ Work Phone No. _____

Emergency Contact Person: _____ Phone No. _____

Secondary Contact Person: _____ Phone No. _____

MEDICAL

Are you currently on any medication? _____ If so, what? _____

Do you have any physical limitations that require special assistance? _____ If so what? _____

Do you suffer from any illness, allergies, etc.? _____ If so what? _____

Have you been treated by a physician, medical specialist, hospitalized or put under a doctor's care in the past six months? _____

If so, for what? _____

Because many Explorer Activities are physical and require hands-on participation, is there a reason why you couldn't take an active part participating? _____

If so, why? _____

Family Physician: _____

HISTORY

Because the Miami County Sheriff's Explorer's Post is law enforcement orientated and dedicated to the education and advancement of youth towards a possible future career in law enforcement, certain criteria must be met for acceptance.

Have you ever been convicted of a misdemeanor?_____ If so, what?_____

When?_____ Disposition?_____

Have you ever been convicted of a felony? _____ If so what?_____

When?_____ Disposition?_____

Do you currently possess a valid Kansas Driver's License?_____ D L No._____

Have you ever belonged to an Explorer's Post?_____ Where?_____ When?_____

What type of Post was it? Law Enforcement_____ EMS_____ Fire_____

How long were you a member?_____

What are your current interests?_____

Do you plan to pursue a career in law enforcement?_____ (Personal future career goals are NOT a basis for acceptance. You will not be granted acceptance or denial on your personal goals.)

Explain in a short paragraph what you would like to achieve by being an explorer and what you expect to learn or gain from the experience.

AFFIRMATION / AUTHORIZATION

Applicant

I, _____, do certify that the foregoing information is correct and accurate to the best of my ability. I further promise to represent the Miami County Sheriff's Office in an upstanding orderly manner, understanding that my actions are a reflection on the Explorer Post and the Sheriff's Office. Any reproach that I bring on the same can and will be dealt with in my possible expulsion from this organization.

Signature

Date

This post is an equal opportunity post welcome to everyone regardless of race, sex, creed, or religion. Because the Miami County Sheriff's Office Explorer Post 2502 is a non profit organization and relies fully on generated funds from its participation in self initiated programs and functions, there is a \$7.00 annual fee for process of membership. These funds are required by the BSA for establishment of our membership in the BSA and its charter.

Parent / Guardian

I, _____, being the parent / guardian of _____, give my permission for him/her to participate in the Miami County Sheriff's Office Explorer Program.

Signature

Date