



OFFICE OF SHERIFF JAMES L. BERRONG

Dear applicant,

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

- If under 18, have parental approval.
- Not have a juvenile or criminal record.
- Have a valid Tennessee driver's license.
- If in school, maintain a "C" average in all classes.
- Be in good standing with teachers and principals.
- Not miss more three meetings during a calendar year.
- Abide by all rules and regulations governing the Blount County Sheriff's Office and Explorer Post.

Thank you for your interest in the program,

A handwritten signature in black ink that reads "Joe McCarter".

Detective Joe McCarter
Explorer Post Advisor
Blount County Sheriff's Office
Criminal Investigations Division
936 E. Lamar Alexander Parkway
Maryville, TN. 37804-5002

Main: (865) 273-5001
Office: (865) 273-5131
Fax: (865) 273-5133
Email: jmccarter@bcso.com
Web: www.bcso.com

**Blount County Sheriff's Office
Explorer Post 86
Membership Application
-IMPORTANT INFORMATION-**

Once your application is received, you will be added to a pool of applicants. Once positions become available, applicants will be contacted and scheduled for an interview. Interviews are usually held twice a year. Due to the limited number of positions available, the selection process is competitive. Applications which are not complete or filled out as instructed will not be considered. If you have any questions about this application or the Blount County Sheriff's Office Explorer Post, feel free to contact me by email at jmccarter@bcso.com.

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

- Report card issued by your school, or a copy of your high school diploma/GED certificate.
- Driver's License
- Birth Certificate
- Current medical insurance card (front and back)

Application Checklist:

	All applicable sections are completed. (those not applicable are marked with "N/A")
	Applications must be printed legibly in BLACK ink only.
	Copy of report card/diploma/GED certificate is attached to the application.
	Copy of driver's license is attached to the application.
	Copy of current medical insurance card. (front and back)
	Waiver is signed by the applicant, witness and legal guardian (if under 18).
	Uniform & Equipment Agreement is signed by the applicant, witness and legal guardian (if under 18).

Mail completed applications to:

Blount County Sheriff's Office
Attn: Det. Joe McCarter
936 E. Lamar Alexander Parkway
Maryville, TN. 37804

**Once your application is received and reviewed, you will receive a confirmation email.
(It is important that your email address is printed legibly.)**

**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: _____/_____/_____	Application Received: _____/_____/_____	Confirmation Sent: _____/_____/_____
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(A) Personal Information

Name: _____

Last Name,
First Name
Middle Name

Address: _____

Box #
Street Name

City,
State
ZIP Code

Home Phone: _____-_____-_____ Cell Phone: _____-_____-_____

Email Address: _____

Date of Birth: ____/____/____ Age: _____ Social Security Number: _____-_____-_____

Driver's License Number: _____ State: _____

Place of Birth: _____

City,
State
(County)

Are you a legal U.S. citizen? Yes No

(B) Medical Information

Family Physician: _____

Address: _____

Address
City, ST.
Phone #

Date of Last Physical: ____/____/____

Do you have any medical conditions that would limit your participation in physical fitness training or other post activities?
 Yes No If yes, explain: _____

Name of Medical Insurance Company: _____

Policy #: _____ Phone #: _____

****If under 18 years old****

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the Post Advisor or his designee to secure proper treatment, including hospitalization, anesthesia, surgery, injections, or medication for my child.

Parent/Legal Guardian Signature
Date

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(C) Primary Emergency Contact

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

City,	State	ZIP Code

Home: _____ - _____ - _____	Cell: _____ - _____ - _____	Work: _____ - _____ - _____ Other: _____ - _____ - _____
Relationship: _____		

(D) Secondary Emergency Contact

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

City,	State	ZIP Code

Home: _____ - _____ - _____	Cell: _____ - _____ - _____	Work: _____ - _____ - _____ Other: _____ - _____ - _____
Relationship: _____		

(E) Parents/Legal Guardian Information (if under 18)

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		
Name: _____		
Last Name,	First Name	Middle Name
Address: _____		
Box #	Street Name	

City,	State	ZIP Code

Home: _____ - _____ - _____	Cell: _____ - _____ - _____	Work: _____ - _____ - _____ Other: _____ - _____ - _____

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		
Name: _____		
Last Name,	First Name	Middle Name
Address: _____		
Box #	Street Name	

City,	State	ZIP Code

Home: _____ - _____ - _____	Cell: _____ - _____ - _____	Work: _____ - _____ - _____ Other: _____ - _____ - _____

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(F) References

List four references, other than past employers or relatives.

Reference # 1:

Name: _____
Last Name, First Name Middle Name

Address: _____
Box # Street Name

City, State ZIP Code

Contact #: ____ - ____ - ____ **Relationship to reference:** _____ **Years known:** _____

Reference # 2:

Name: _____
Last Name, First Name Middle Name

Address: _____
Box # Street Name

City, State ZIP Code

Contact #: ____ - ____ - ____ **Relationship to reference:** _____ **Years known:** _____

Reference # 3:

Name: _____
Last Name, First Name Middle Name

Address: _____
Box # Street Name

City, State ZIP Code

Contact #: ____ - ____ - ____ **Relationship to reference:** _____ **Years known:** _____

Reference # 4:

Name: _____
Last Name, First Name Middle Name

Address: _____
Box # Street Name

City, State ZIP Code

Contact #: ____ - ____ - ____ **Relationship to reference:** _____ **Years known:** _____

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(G) Education

Are you currently enrolled in school? Yes No

Do you currently have a G.E.D.? Yes No

Current or Last School Attended: _____

Current or Last Grade Attended: _____ Anticipated Graduation Date: _____

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 suspended or expelled from school? Yes No

If yes, give date and reason: _____

(H) Driving History

Do you currently have a valid Tennessee driver's license? Yes No

Driver's License Number: _____ State: _____ Expiration Date: _____

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

If you answered no, do you have reliable transportation? Yes No

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(I) Employment History

Current Employer: _____

Address: _____

Box #	Street Name	
_____	_____	_____
City,	State	Zip Code

Position Held: _____ Hire Date: _____

Supervisor: _____ Phone #: _____ - _____ - _____

List the last three employers, starting with the most recent.

<u>Company Name:</u>	<u>City:</u>	<u>Start Date/End Date:</u>	<u>Reason for leaving:</u>
1.) _____	_____	_____	_____
2.) _____	_____	_____	_____
3.) _____	_____	_____	_____

Have you ever been terminated from a job? Yes No

If yes, explain: _____

(J) Miscellaneous

Are you currently, or have you ever been a member of any other explorer post? Yes No

If yes, explain: _____

Have you ever applied to this post in the past? Yes No

If yes, explain: _____

Are you related to an employee of the Blount County Sheriff's Office? Yes No

If yes, who? _____

How did you hear about the post? _____

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(K) Criminal History

	Yes	No
1.) Have you ever had any contact with a law enforcement official?		
2.) Have you ever been warned about anything by a law enforcement official?		
3.) Have you ever been detained by a law enforcement official?		
4.) Have you ever been accused of a crime?		
5.) Have you ever been charged with a crime?		
6.) Have you ever been arrested?		
7.) Have you ever been convicted of a crime?		
8.) Have you ever been booked into jail?		
9.) Have you ever received a criminal citation?		
10.) Has law enforcement ever had to respond to your house for any reason?		

If you answered yes to any of the above questions, explain: (use additional pages if necessary)

Have you ever consumed an alcoholic beverage? Yes No

If yes, explain: _____

When is the last time you have consumed an alcoholic beverage?

Have you ever tried or used any narcotic or dangerous drug without a doctor's prescription? Yes No

If yes, explain: _____

Have you ever taken prescription medication other than how it was prescribed? Yes No

If yes, explain: _____

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(L) Waiver

I, _____, hereby certify that 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.

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

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

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 law enforcement 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 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 the 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 or post advisors, responsible for any accidents, calamities, injury or death that my minor child may incur as a result in participation in post functions.

Parent or Legal Guardian Signature Date

Applicant Signature Date

Witness Signature Date

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(M) Uniform & Equipment Agreement

I, _____, both agree and understand that the items I have been or will be issued and any items that are privately purchased and are labeled with "Blount County Sheriff's Office" or its emblem belong to the Blount County Sheriff's Office.

Also, I understand that if I am terminated or if I resign I must return all items including privately purchased items that are labeled with "Blount County Sheriff's Office" or its emblem within forty-eight (48) hours. I understand that failure to return these items may result in criminal prosecution.

Furthermore, I understand that being a member of this program and having these items is a privilege and I will maintain both the uniform and equipment properly. If any items are lost, damaged or stolen I will inform the post advisor promptly.

I am aware that uniforms and equipment are only to be worn during post activities or if approved by the post advisor. Also, I understand that it is not acceptable to have any photographs of an explorer uniform or equipment, or myself in a uniform or equipment posted on the internet or any form of social media.

Parent or Legal Guardian Signature Date

Applicant Signature Date

Witness Signature Date