



HOCKLEY COUNTY SHERIFF'S OFFICE

# EXPLORER APPLICATION



Return To:  
Hockley County Sheriff's Office  
Attn: Explorer Program  
1310 Avenue H  
Levelland, TX 79336

***Failure to properly and thoroughly complete this document may result in the rejection of your application. Deliberate omissions of required information are also grounds for rejection. All waivers must be signed to participate in the Explorer Program. Return this completed packet to the Post Advisor as soon as possible.***

#### ***Packet Contents:***

- *Application*
- *Consent for Fingerprints And/Or Images*
- *Waiver of Liability*

#### ***Process***

- *Application Review*
- *Background Check*
- *Oral Interview*

#### ***Requirements***

1. *At least 14 years of age and have completed the 8<sup>th</sup> Grade, and younger than 21 years of age.*
2. *Maintain at least "C" Average in all schoolwork, and a copy of the report card may be requested by the Explorer Post Advisors.*
3. *Have no criminal convictions or arrests that prohibit employment by the agency.*
4. *Have parental consent (if younger than 18 years of age).*
5. *Annual Post Fee of \$25 per Participant (Required Fee by Learning For Life-Paid after acceptance)*

***\*\*Note: Under certain circumstances, the above requirements may be waived with the consent of the post advisors.***



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**PERSONAL INFORMATION**

Applicant's Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Graduation Year: \_\_\_\_\_ TXDL/ID \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Home Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Social Media Pages: \_\_\_\_\_

School Name: \_\_\_\_\_ School Phone: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Mother's Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City State Zip

Home Telephone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City State Zip

Home Telephone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_

**EMERGENCY CONTACT**

Emergency Contact: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City State Zip

Home Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_





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Have you ever been placed on criminal or juvenile probation?  Yes  No  
 If YES, explain: (Include the Court of Jurisdiction & Probation Officer's name) \_\_\_\_\_

\_\_\_\_\_

Describe in your own words why you want to be in the Hockley County Sheriff's Office Explorer Program.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PERSONAL REFERENCES**

List three (3) persons who know you well enough to provide current information about you. Do not list relatives.

<u>Name</u>	<u>Home Phone</u>	<u>Other Phone</u>	<u>Occupation</u>
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_____			
_____			
_____			

**MEDICAL INFORMATION**

List any allergies known: \_\_\_\_\_

\_\_\_\_\_

List any known medical or physical problems that may hinder the applicant's performance or become aggravated during activities in the Explorer program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any regular prescribed medications being taken by the applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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I hereby authorize the Hockley County Sheriff's Office to make an examination of criminal records for the purpose of evaluating my application. To the best of our knowledge, the information entered into this packet is accurate and complete. We give our permission to contact any agencies necessary to confirm or refute any information placed on this application or that is learned about through the background investigation. We give our permission for full participation in any and all approved Explorer functions.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Referred By (If Applicable)

*Do Not Write Below Line*

*For Office Use Only*

Back Ground Check Complete Date: \_\_\_\_\_ Favorable YES NO

Notification Letter Sent: \_\_\_\_\_ Completed By: \_\_\_\_\_  
Signature



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Consent for Fingerprints and/or Images

All members of the Hockley County Sheriff's Office Explorer Post will be subject to being fingerprinted and/or photographed for identification purposes. Photographs or video may also be taken as part of post records to include but not limited to scrapbooks, recruiting, and recording specific events and activities. This consent includes the storage, retrieval, and reproduction of information or images.

Photographs, videos, audio recordings and the tapes, negatives, and digital media from which images and sound recordings are made shall be the property of the Hockley County Sheriff's Office Explorer Post, which shall have the right to publish, reproduce, distribute, and make other uses free of all claims on my part.

Please sign below indicating your consent to the taking of fingerprints and/or images for this purpose. If the applicant is younger than 18 years of age, a parent/guardian signature is required.

I, \_\_\_\_\_ hereby give my consent to the Hockley County Sheriff's Office/Hockley County Sheriff's Office Explorer Post and their agents to take and store my fingerprints and images for the above stated purposes.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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**WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

I, the undersigned \_\_\_\_\_, for and in consideration of the privilege of being a participant in the Explorer Program of the Hockley County Sheriff's Office, and allowed use of Hockley County Sheriff's Office property, equipment and services, including but not limited to the firing range, and recognizing that such activity involves certain inherent risks and danger to my property and person, do hereby agree to assume the risks attendant to such activity, to include property damage and physical injury from such service, and do hereby release and hold harmless the County of Hockley, its Sheriff's Office, agents and employees, in both their public and private capacities, from any and all liability, claims, suits, demands and causes of action which may arise.

It is further agreed that the execution of this release shall not, constitute a waiver by the County of Hockley of the defense of governmental immunity, where applicable, or any other defense recognized by the Courts of this State.

If applicant is younger than 18 years of age, a parent/guardian signature is required.

Signed, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent Signature