

# EXPLORER FILE

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\*Advisors please initial when completed

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### Other required items

1. Photograph or copy of Driver's License/Identification \_\_\_\_\_
2. \$25 application fee (cash, money order or Check made out to Explorer Post 900) \_\_\_\_\_
3. SRO Letter of Good Conduct via written letter or email [jbutterfield@pcsonet.com](mailto:jbutterfield@pcsonet.com) (indicating to the best of the SRO's knowledge, no tobacco, drug or alcohol use by the applicant, no gang affiliation, no criminal activity) \_\_\_\_\_
4. Most recent report card \_\_\_\_\_

## **NEW MEMBER ORIENTATION**

**Please keep this for your records and future reference**

- I. WELCOME:** We are excited to see new faces and anticipate an awesome year!
  
- II.** Explorer Post 900 is sponsored by the Pinellas County Sheriff's Office and in good standing with Boy Scouts of America Learning for Life.
  - A.** BSA Membership sign up
  - B.** Please check out the Exploring website  
[www.learningforlife.org](http://www.learningforlife.org)  
It will provide information regarding scholarships and events in the Learning for Life community
  
- III. MEETINGS:**
  - A.** Tuesdays, 1830 – 2100 hours at the Sheriff's Administration Building located at 10750 Ulmerton Road, Largo, Florida. Please go to the front of the building by the flag pole and call for a Post Advisor to come get you.
    - 1.** It may be necessary to change the times or meeting locations to facilitate scheduled training and/or field trips
    - 2.** Your ride should be on scene by 2100 hours.
  
  - B.** A shuttle service is available for those traveling from the northern part of the county. The shuttle leaves at 1745 hours from the far west parking lot behind the North County Traffic Court, 29582 US Highway 19 North, Clearwater (just south of Curlew on US19).
    - 1.** We leave on time!
    - 2.** Courtesy calls are usually made upon our departure, but please plan to have your rides ready, it's a school night!
    - 3.** Appropriate behavior is expected! A free ride is a privilege and must be earned.
  
- IV. CHAIN OF COMMAND**
  - A.** Meetings will be run by the Post command staff; however, advisors will supervise and train
  - B.** The chain of command will be available to each of you. You will be assigned to a squad. You report to your Corporal, then your Sergeant. You should never jump the chain of command without permission from your direct supervisor.
  - C.** Only in an emergency should you be contacting a Post advisor directly. (I.e. all law enforcement involvement including school discipline, medical concerns, etc.)
  - D.** Your parents can call or email us at any time with any concerns. Contact information is as follows; [www.post900.com](http://www.post900.com), [pcsopost900@gmail.com](mailto:pcsopost900@gmail.com) or phone 727-421-3149. Email is the preferred method of contact.

## **V. RULES**

- A.** You must attend meetings. Notification of absences should be given through your chain of command.
- B.** Excessive absences will result in dismissal from the Post.
- C.** Report cards must be provided confirming your eligibility status. A 2.0 GPA is required. If you are home schooled, annual/biannual proof of successful testing is required.
- D.** Behavior should be above reproach! You are always observed whether by citizens of our community, an employee of the Sheriff's Office or the Sheriff himself.
- E.** You and your uniform should be clean. Male Explorers should have hair cut above the ears, not touching a dress shirt collar. Female Explorers should have long hair up in a ponytail for Class B uniforms and a bun for Class A uniforms. You should be clean shaven, no wild hair colors. Stud earrings and natural nail polish colors are allowed for female Explorers only. No other jewelry other than a watch and one ring may be worn.
- F.** Please refer to the code of conduct in the application packet.

## **VI. UNIFORMS**

- A.** Class B: khaki pants, Explorer tee shirt, belt, utility belt, keepers, radio, radio holder and jacket. (Availability is limited on other assorted gear)
- B.** Class A: dress green pants, dress green shirt, collar brass, tie, tie tack, name plate, BADGE. Please note badges will only be worn on your Class A uniform.
- C.** Boots: It will be your responsibility to acquire black boots.

Badges may never be used to gain advantage or special treatment ANYWHERE AT ANYTIME. Under these circumstances you will be committing a FELONY and risk ARREST!

No part of your uniform should EVER be worn at school or personal activities without specific consent from an advisor! Any deviation regarding misuse of your uniform will result in dismissal from the post. This is a safety risk to you and your family.

## **VII. DETAILS**

The Explorer Post participates in details for two main reasons. The first is to earn funding to maintain our post. (Examples: Music in the Park, Seminole Pow Wow, Morton Plant-Mease Picnic). The other is to provide a service to the community and other non-profit organizations. (Examples: Sheriff's Youth Ranch, Ride and Run with the Stars, Yankee Day).

- A.** You are expected to volunteer for at least one detail per month. During our busy season, mandatory details may be increased.
- B.** Details are usually Class B uniforms and shuttles are normally provided.
- C.** You earn points towards trips and Bright Futures hours during these events.

- D. You must sign up in advance.
- E. A commitment is required; no shows are strongly discouraged and may result in disciplinary actions being taken.

1. Special Trips include but are not limited to:

- A. Delegates Meetings
- B. State Competition
- C. National Competition
- D. Miscellaneous trips

#### **VIII. BEHAVIOR:**

Your behavior is expected to be nothing less than mature and responsible. Every trip begins with a signed permission slip and advisement of the consequences for specific inappropriate behavior. We do not tolerate any indiscretion or violation of rules. Explorers may be dismissed from the Post for violating these rules.

## Application

Instructions: All prospective applicants must complete this application in full, including appropriate signatures and dates. Please type or print in ink legibly.

DATE: \_\_\_\_\_

FULL LEGAL NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

NICKNAME OR NAME PREFERRED TO BE CALLED: \_\_\_\_\_

DRIVER'S LICENSE/ID NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP

MAILING ADDRESS: (IF DIFFERENT) \_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP

HOME PHONE NUMBER: ( ) \_\_\_\_\_

CELL PHONE NUMBER: ( ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

APPLICANTS

EMAIL ADDRESS: \_\_\_\_\_

PARENTS

PARENT/GUARDIAN NAMES: \_\_\_\_\_

PARENT/GUARDIAN CELL PHONE: \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ GRADE: \_\_\_\_\_

GRADE POINT AVERAGE: \_\_\_\_\_ (ATTACH COPY OF REPORT CARD)

EMPLOYERS (PAST AND PRESENT):

DATES EMPLOYED

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List all contacts you have had with ANY LAW ENFORCEMENT AGENCY, POLICE DEPARTMENT, COURT OR SCHOOL SYSTEM that was the result of a complaint lodged against you or any illegal action you were involved in, whether you guilty or not. List the nature of the problem and the action taken. Include any traffic violations in which you were cited.

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List three (3) references below that you know well, other than people living with you, that we could interview to determine your character.

NAME	ADDRESS	PHONE	YEARS KNOWN
1.	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
2.	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
3.	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

List your hobbies or extracurricular activities:

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Explain why you want to become a member of Explorer Post 900:

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**INFORMED CONSENT AND  
GENERAL RELEASE OF ALL CLAIMS**

THIS AGREEMENT made this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between \_\_\_\_\_, parent and/or guardian of \_\_\_\_\_, a minor "Explorer", and the Pinellas County Sheriff's Office, BOB GUALTIERI, Sheriff of Pinellas County, and all Sheriff's Office deputies, members, appointees and agents, jointly termed "PCSO", is a release whereby the parent and/or guardian extinguishes his/her rights and claims against PCSO as set forth below.

NOW, THEREFORE, in consideration of PCSO, permitting Explorer \_\_\_\_\_, to participate in the Explorer Post 900 Activities, which include, but are not limited to, physical exertion, riding in agency vehicles and vessels, swimming tests, working at or near marinas and/or docks; and other. I acknowledge that I have been informed and warned that this is not an exhaustive list of activities and that there are certain hazards intrinsic to the activities Explorer will be performing including, but not limited to, personal injury and death. Parent and/or guardian acknowledge he/she is not aware of any medical reason that would prohibit the minor child named above from participating in all aspects of the Explorer Post 900 activities and after being informed of and recognizing all such hazards and risks; I nonetheless consent and agree to the terms of the informed consent and general release.

Parent and/or guardian agrees to the following:

1. Parent and/or guardian fully releases and discharges the Pinellas County Sheriff's Office, BOB GUALTIERI, Sheriff of Pinellas County, and all Sheriff's Office deputies, members, appointees and agents, their successors, heirs, executors, administrators and assigns, from all rights, claims and damages, including death, whether to person or property, whether known, unknown, foreseen or unforeseen, and all actions of any type whatsoever which parent and/or guardian may have against the Pinellas County Sheriff's Office, BOB GUALTIERI, Sheriff of Pinellas County, and all Sheriff's Office deputies, members, appointees and agents, and the above-named successors arising out of the use or participation in Explorer Post 900 activities.

2. This Release is intended by the parties to release all claims for injuries, including death, damages, or loss of any kind whatsoever to the minor child, his/her person or property, real or personal, whether known, unknown, foreseen or unforeseen, which parent and/or guardian may have against the Pinellas County Sheriff's Office, BOB GUALTIERI, Sheriff of Pinellas County, and all Sheriff's Office deputies, members, appointees and agents, including but not limited to, those occasioned by the negligent acts or omissions of the Pinellas County Sheriff's Office, BOB GUALTIERI, Sheriff of Pinellas County, and all Sheriff's Office deputies, members, appointees and agents. Parent and/or guardian understands and acknowledges the significance and consequences for such specific intention to release all claims and does hereby assume full responsibility for any and all injuries, including death, damages, and/or losses that the minor child may incur from the use or participation in the above-mentioned Explorer Post 900 activities.

3. In signing this document I understand that I am releasing or giving up certain potential legal rights and I further acknowledge that I have been advised that I may wish to seek the advice of legal counsel prior to signing this document. Being so informed, I knowingly and voluntarily execute this release and waiver.

THIS RELEASE IS FREELY AND VOLUNTARILY EXECUTED BY SAID PARENT AND/OR GUARDIAN AND ACKNOWLEDGES THAT HE/SHE IS WAIVING AND GIVING UP CERTAIN RIGHTS FOR HIMSELF/HERSELF. SAID PARENT AND/OR GUARDIAN FURTHER ACKNOWLEDGES THAT HE/SHE HAS READ THIS DOCUMENT AND IS FULLY AWARE OF THE CONSEQUENCES THEREOF.

\_\_\_\_\_  
Parent and/or Guardian

STATE OF FLORIDA )  
COUNTY OF PINELLAS)

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, parent and/or guardian of \_\_\_\_\_, a minor, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did/did not take an oath.

\_\_\_\_\_  
Signature

Notary Public  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Type, Print, Stamp Name

\_\_\_\_\_  
Serial No.

My commission expires:





**PINELLAS COUNTY SHERIFF'S OFFICE  
EXPLORER POST 900  
10750 ULMERTON ROAD  
LARGO, FLORIDA 33778  
(727) 453-7461**



Parental Authorization for Emergency Treatment

We the undersign parent(s) or legal guardian(s) in custody of Explorer (name) \_\_\_\_\_, do hereby authorize the designated advisors of Explorer Post 900 or their designated associates to procure for said to include emergency room care, X-ray examination, injections, anesthetics, or other treatment as required for the health of said explorer as in the judgment of the advisors with the supervision of licensed medical practitioners. This care will include only that which is required to preserve the health and safety of the explorer at the time of emergency care is required without the specific authorization of the undersigned, and is in no way an obligation of the Post to provide for continuing care.

**WITH THIS AUTHORIZATION, NO ADVISOR WILL INCUR ANY FINANCIAL RESPONSIBILITIES TO HIMSELF/HERSELF OR THEIR EMPLOYER; FINANCIAL MATTERS ARE STRICTLY THE RESPONSIBILITY OF THE EXPLORERS, THEIR FAMILIES AND THEIR INSURERS.**

The following are special physical limitations, medical problems, medications, allergies to either drugs or substances that should be made aware of to medical personal in treatment of the above explorer:

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PINELLAS COUNTY SHERIFF'S OFFICE EXPLORER POST 900 APPRECIATES YOUR PARTICIPATION AND COOPERATION IN PROVIDING THIS AUTHORIZATION AND INFORMATION. FOR THE GOOD OF YOUR CHILD, THIS INFORMATION SHOULD BE KEPT CURRENT IF SUBJECT TO CHANGE

Signature of PARENT(S) (FATHER) \_\_\_\_\_

Home Phone \_\_\_\_\_ (MOTHER) \_\_\_\_\_

Cell Phone \_\_\_\_\_ (GUARDIAN) \_\_\_\_\_

Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Alternate Name \_\_\_\_\_ Phone \_\_\_\_\_

SWORN AND SUBSCRIBED BEFORE ME ON THIS DATE \_\_\_\_\_

NOTARY PUBLIC

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

PARENTAL AUTHORIZATION FOR PCSO INTRANET (SONET)

The undersigned parent(s) or legal guardian(s) of Explorer \_\_\_\_\_, authorizes Pinellas County Sheriff's Office to publish the information listed below and/or a photograph of the Explorer on PCSO's internal website SONET. This information intended for internal use by PCSO employees.

PLEASE COMPLETE THE FOLLOWING INFORMATION

Explorer Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian

Date

Signature: \_\_\_\_\_

Parent/Guardian

Date



**PINELLAS COUNTY SHERIFF'S OFFICE  
RELEASE FORM FOR MEDIA RECORDING**

I, \_\_\_\_\_, the undersigned, parent and/or legal guardian of minor, \_\_\_\_\_, do hereby consent and agree that the Pinellas County Sheriff's Office, its employees, or agents have the right to take photographs, videotape or digital recordings of me and/or my child during **Explorer Post 900** activities. I also agree that PCSO can reveal our identities in descriptive text or commentary. This authorization includes any and all media, without limitation for the purpose of promoting and publicizing the Pinellas County Sheriff's Office.

**I do hereby release to the Pinellas County Sheriff's Office, its employees or agents all rights to exhibit this work in print, electronic form and on agency managed social media formats publically or privately and to market and sell copies.** I waive any rights, claims or interest I may have to control the use of my identity or likeness, or the identity or likeness of said minor, in whatever media is used.

I represent that I have read and understand the foregoing statement, and that I am freely and voluntarily executing this authorization.

Witness: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_



**PINELLAS COUNTY SHERIFF'S OFFICE  
EXPLORER POST 900  
10750 ULMERTON ROAD  
LARGO, FLORIDA 33778  
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## **CODE OF CONDUCT**

### **Dress Code at meetings and events:**

- Members – Uniform of the Day (cleaned, shined, and pressed)  
Business Casual (khaki or dark pants, collared shirt, closed toe shoes, no hats)
- Visitors – Business Casual

### **Personal Hygiene:**

- Males – Clean shaven; hair should be neat, clean, trimmed above the collar; 1 ring only
- Females – Long hair should be cleaned and pulled back off the collar; 1 pair of stud earrings and 1 ring only

### **Behavior:**

- Obey all laws
- Use Self-Control
- Be respectful at all times, use appropriate titles such as Sir, or Ma'am
- Be honest
- Be punctual
- No profanity
- No teasing
- No inappropriate reference to gender, race or religion (offensive joking)
- No horseplay or rough-housing
- No fighting
- No gambling
- No use of illegal substances
- No public display of affection at Post functions
- Make appropriate notification regarding absences

### **Affiliations:**

Do no associate with any convicted criminals; people involved in known criminal activity, or gang members without proper notification to Post Advisors.

I understand that any violation of this code may result in disciplinary action and/or dismissal from Post 900. Remember, you represent the Pinellas County Sheriff's Office.

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Explorer Signature

Date

---

Parent/Guardian Signature

Date



**PINELLAS COUNTY SHERIFF'S OFFICE  
EXPLORER POST 900  
10750 ULMERTON ROAD  
LARGO, FLORIDA 33778  
(727) 453-7461**



### ACCEPTANCE AND UNDERSTANDING OF POST 900 BY-LAWS

As a member of the Pinellas County Sheriff's Office Explorer Post 900, I accept, have reviewed, and will follow the By-Laws of Post 900. I understand that the By-Laws are viewable on the Post's website [www.post900.com](http://www.post900.com). Any violation of these By-Laws may result in termination of the Explorer from Post 900.

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Explorer Signature

Date

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Parent/Guardian Signature

Date

This form is read by machine. Please print the numbers and letters as shown on the sample application.

**YOUTH PARTICIPANT**

Council = West Central Florida 089 Post 900

Post number: 900

If applicant has an unexpired participant certificate, participation may be accomplished in this unit by paying \$1 for processing the transfer. Mark and attach certificate. It will be returned by the council.

Transfer application      Transfer from council number:      Post number:     

E-mail:     

Name and address information (Please print one letter in each space—press hard, you are making a copy.)  
First name (No initials or nicknames)      Middle name      Last name      Suffix

Country Mailing address      City      State      Zip code

Home phone      Date of birth (mm/dd/yyyy)      Grade      Ethnic background:

School      Gender:  Male       Female

Parent/guardian information       Mark here if address is same as above.

Mark here if the adult parent/guardian is not living at the same address; complete and attach a Learning for Life adult application.

Select relationship:       Parent       Guardian       Grandparent       Other (specify)     

First name (No initials or nicknames)      Middle name      Last name      Suffix

Country Mailing address      City      State      Zip code

Home phone      Date of birth (mm/dd/yyyy)      Occupation      Employer      Gender:  M       F

Business phone      Ext.      Previous Exploring experience      Cell phone

Parent/guardian e-mail address      I have read the attached information sheet and approve the application.  
Signature of parent/guardian required if applicant is under 18 years of age.

Signature of post leader      Date      Signature of parent/guardian

6001      Registration fee \$      Signature of Explorer



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EXPLORER POST 900  
10750 ULMERTON ROAD  
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### BADGE AGREEMENT

As a member in good standing of the Pinellas County Sheriff's Explorer Post 900, I hereby accept the following conditions upon acceptance of an Explorer Badge.

I agree that the badge will remain the property of the Pinellas County Sheriff's Office. I agree that wearing the Explorer Badge is a privilege, and not a right. The only time I will wear the badge is in Class "A" uniform during Explorer functions. I understand that I am not allowed to have the badge in my wallet or in a badge case or displayed in any other fashion. I understand that should I display the badge in such a manner as to represent a Police Officer or a Deputy Sheriff, I will be automatically dismissed from the Explorer Post.

I agree that if I lose, damage or destroy the badge, I will reimburse the Explorer Post the replacement cost of \$50.00

In addition, I understand that if the badge is lost, stolen, or destroyed by any means it is my responsibility to present a notarized statement explaining what happened to the badge. If the badge is returned at a later date under suspicious circumstances, an internal affairs investigation will be conducted.

I understand that if I am dismissed or resign from Post 900 the **BADGE MUST BE RETURNED WITHIN TEN (10) DAYS OF SUCH DISMISSAL OR RESIGNATION, OR I MAY FACE CRIMINAL PROSECUTION FOR THEFT.**

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Explorer Signature

Date

---

Parent/Guardian Signature

Date



**PINELLAS COUNTY SHERIFF'S OFFICE  
 EXPLORER POST 900  
 10750 ULMERTON ROAD  
 LARGO, FLORIDA 33778  
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**UNIFORM AGREEMENT**

As a member in good standing of the Pinellas County Sheriff's Explorer Post 900, I hereby accept one (1) Explorer uniform under the following conditions:

I agree that the uniform will remain the property of the Pinellas County Sheriff's Office. No monies or time donated to Post 900 will constitute payment of any part of the uniform. I agree that any part that is lost, stolen, damaged, or destroyed shall be replaced at the current replacement cost. I agree that if I must replace any or all parts of the uniform, the parts that I replace shall not belong to me, but rather to the Explorer Post.

I agree not to wear the uniform to secure any special privileges or personal gain. This uniform shall NEVER be used to represent an Explorer as a Police Officer or Deputy Sheriff in any way. I agree to take proper care and maintain the uniform and any awards that may be earned. I agree that the uniform or any article thereof shall not be worn other than to meetings and activities approved by the Advisors.

I understand that if I am dismissed or resign from Post 900, ALL PROPERTY AND ITEMS ISSUED TO ME WILL BE RETURNED WITHIN TEN (10) DAYS OF SUCH DISMISSAL OR RESIGNATION, OR I MAY FACE CRIMINAL PROSECUTION FOR THEFT.

The following items are standard uniform issue to each Explorer. The items are listed at their replacement costs:

Explorer T-Shirt	\$10.00
Battle Dress Uniform (BDU)	\$30.00
Class A Shirt	\$30.00
Class A Pants	\$30.00
Collar Brass	\$5.00
Tie	\$5.00
Utility Belt	\$40.00
Belt Keepers	\$1.00 / each
Badge	\$50.00
ID Card	\$5.00
Notebook	\$5.00
Jacket	\$30.00
Raincoats	\$20.00

\_\_\_\_\_  
 Explorer Signature

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

\_\_\_\_\_  
 Date



**EXPLORER POST 900**  
**PINELLAS COUNTY SHERIFF'S OFFICE**  
 Supply Inventory

Explorer Name: \_\_\_\_\_

Issuing Advisor: \_\_\_\_\_

ITEM	#	Date Issued	Int	Date Returned	Int	Comments/Size
Tee Shirt (B)						
Khaki Pants (B)						
Shirt (A)						
Dress Pants						
Radio						
Radio Holder						
Under Belt						
Duty Belt						
Light Holder						
Cuff Case						
Belt Keepers						
Tie/Tie Tack						
Jacket						
Shoes						
Collar Brass						
Name Tag						
Badge						
Brass						
Rule Book						
Training Book						
ID Card						
Statue Book						

**I acknowledge that I have reviewed the entries on the log above and that the entries are accurate. I have been issued or have returned the items on the dates filled in above. I further acknowledge that I have read and signed the Uniform Agreement and understand that Agreement applies to the items marked above.**

EXPLORER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

EXPLORER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

UNIFORM SUPPLY REQUISITION

DATE:

Explorer name:

Explorer rank:

Class A pants (green)      Size \_\_\_\_\_ Circle    M    F

Class A long sleeve shirt      Size \_\_\_\_\_ Circle    M    F

Campaign cover (green felt)      Size \_\_\_\_\_

Tee shirt size (Adult)      Size \_\_\_\_\_

**A CORRECT SIZE IS A MUST!!!**



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## USE OF PORTABLE RADIO - UNDERSTANDING AND LIABILITY

Explorer Post portable radios may be used for Ride Alongs.

Radios will be signed out within seven days prior of the Ride Along and will be returned as soon as possible afterwards.

Explorers will contact the Communication Center Supervisor at 582 6200 (ask for Communication Supervisor) and advise them you have an Explorer Post portable radio. Also, give them your name and emergency phone number contact information.

Explorers will notify the Communication Supervisor when they have returned the radio so the supervisor can remove the Explorer's name from the signed out radio. Also, sign the radio back in on the Post sign in/out sheet.

Explorers may only use the radio while on the Ride Along.

If the Explorer accidentally transmits the radio, while not on the Ride Along, the Explorer will contact the dispatcher, via the radio, and advise them that the transmission was "accidental".

Explorers must understand that the radio allows them access to restricted law enforcement information such as DAVID and FCIC/NCIC. The information must be kept confidential or the Explorer may be in violation of state and federal laws and will be held responsible.

**Explorers/parents/guardians will be responsible for the radio if it is lost or misused and is damaged. The cost of the radio is approximately \$3,100.00.**

Explorer's name: \_\_\_\_\_ Parent name: \_\_\_\_\_

Signature of Explorer \_\_\_\_\_ Signature of Parent: \_\_\_\_\_



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## Shuttle Check List

**Please advise your mode of transportation and return**

Mark one:

\_\_\_\_\_ **Riding North County Shuttle**

Located at: North County Traffic Court

29582 US Highway 19 North

Palm Harbor, FL

(south of Curlew Road on west side opposite Olive Garden)

\_\_\_\_\_ **Have my own transportation to the Academy**



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**Pinellas County Sheriff's Office  
Firearms Range  
Waiver of Liability and Release**

In consideration for my use of the Pinellas County Sheriff's Office's (PCSO) firearms range, I agree to the following terms and conditions related to my use of the range:

*Initial below:*

\_\_\_\_\_ I hereby waive, release, agree to hold harmless, and forever discharge PCSO, the Pinellas County Sheriff's Office and current and former directors, officers, deputies, employees, agents, representatives, volunteers and servants of PCSO from any and all claims, causes of action, damages, judgments, or lawsuits whatsoever, whether now or in the future, that the result or that may result from my use of the PCSO firearms range.

\_\_\_\_\_ I acknowledge that the use of firearms is an inherently dangerous activity, and I assume the risks of using and employing firearms or other similar products at the PCSO firearms range.

\_\_\_\_\_ I acknowledge that the study and application of firearms techniques is physically demanding and requires that I be in good physical condition.

\_\_\_\_\_ I acknowledge that I do not have any physical disability, limitation, illness, or other condition that would prohibit, interfere with or affect my safe use of firearms or the PCSO firearms range.

\_\_\_\_\_ I acknowledge that I am not under the influence of alcohol.

\_\_\_\_\_ I acknowledge that I am not under the influence of any prescription or nonprescription drugs that would influence or interfere with my safe use of the PCSO firearms range.

I will abide by the following safety rules of the firearms range:

1. ALWAYS treat every firearm as if it were loaded.
2. All weapons MUST be pointed down range at all times.
3. ALWAYS keep your fingers off the trigger until you are ready to shoot.
4. Appropriate eye protection, ear protection and a ball cap (with bill forward) must be worn at all times in the shooting area when firearms are being used.



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LARGO, FLORIDA 33778  
(727) 453-7461**



5. ALL weapons brought to the Outdoor Range facility shall be carried in a safe manner, i.e., with the action open, unloaded in an appropriate case, unloaded and/or securely holstered.
6. ALL loading and unloading of the firearms shall take place on the firing line and under the direction of the firearms instructor, Range Master or Range Operator.
7. All shooting is conducted from the firing line unless authorized by a firearms instructor, Range Master or Range Operator.
8. No one is allowed forward of the firing line. If an item falls forward in front of the firing line, leave it there and notify a firearms instructor, Range Master or Range Operator.
9. In the event of a misfire or malfunction, keep the firearm pointed down range and clear the malfunction. If the firearm continues to misfire or malfunction, keep the firearm pointed down range and raise your support hand to alert a firearms instructor, Range Master or Range Operator.
10. No eating or drinking is allowed in the shooting areas of the Outdoor Range facility.
11. No horseplay, running, or games shall be allowed at the Outdoor Range facility
12. No alcoholic beverages will be permitted at the Outdoor Range facility. Anyone displaying behavior consistent with the use of alcoholic beverages or medications will not be allowed on the range.
13. Always wash hands thoroughly after handling and shooting firearms.
14. Be sure to follow all posted rules and any other range commands given verbally or in writing by the Range Master, Range Operator and firearms instructors.

By signing this Agreement below, I affirm that I HAVE READ, UNDERSTAND AND AGREE TO ALL OF THE ABOVE TERMS AND THE RANGE RULES.

\_\_\_\_\_  
Signed: Printed Name: Date

**Parent/Guardian Consent  
(Required if under Age 18)**

I am the parent or guardian of the above-named child. I have read this Agreement, understand it, and authorize and agree to the terms of this Waiver and Release on behalf of the above-named child.

\_\_\_\_\_  
Parent/Guardian Signature: Printed Name: Date