



YEAR: 2019
STAFF/SUPPORT STAFF APPLICATION
Registration and Health/Medical Summary
 (Applicants and supervisors must sign this form)

				<input type="checkbox"/> Sworn Officer			<input type="checkbox"/> Non-Sworn Officer
Applicants Name (to be printed on certificate)						Title/Rank	
Social Security #	Date of Birth	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female		T-shirt size		
Department/Agency				(Area code)Duty Phone #	(Area code)Fax #		
(Area code)Cell/mobile #		(Area code)Pager #		E-mail address (mandatory)			
Agency Address			City		State	Zip	
Time in Current Assignment	Number of Years as a full time, Certified/sworn police officer			Specify other non-sworn certifications, e.g. Reserves, Corrections			
Supervisor's Name/Rank				(Area code)Duty Phone #			
Chief or Sheriff				(Area code)Duty Phone #			
Number of years associated with Academy		Areas I have worked in the Academy		<input type="checkbox"/> Staff <input type="checkbox"/> Support Staff	<input type="checkbox"/> Instructor <input type="checkbox"/> Post Advisor		
Areas of Expertise (certifications, e.g. – accident reconstruction, firearms instructor, hostage negotiations, etc.)							

EDUCATIONAL/EXPERIENCE/TRAINING

(Check All Applicable Lines)

<input type="checkbox"/> High School	<input type="checkbox"/> Some College	<input type="checkbox"/> Junior College	<input type="checkbox"/> Advanced College Degree
<input type="checkbox"/> Uniformed Patrol	<input type="checkbox"/> School Resource Officer	<input type="checkbox"/> Narcotics	<input type="checkbox"/> Community Relations
<input type="checkbox"/> Traffic or D.U.I.	<input type="checkbox"/> Investigations	<input type="checkbox"/> G.R.E.A.T. or D.A.R.E. Instructor	
<input type="checkbox"/> Gang Unit	<input type="checkbox"/> Training/Police Academy	<input type="checkbox"/> Other - - -	

Yes	No	
		I am a State certified Law Enforcement Officer with a certificate of standards of training
		I currently hold a certification in a Law Enforcement related field, (reserves, corrections, etc)
		I am registered with the Boy Scouts of America
		I have received the Learning for Life Youth Protection Training
		I have received the Learning for Life Adult Leadership Training

AUTHORIZATION FOR BACKGROUND CHECK
 (Non-Law Enforcement)

I, _____, hereby give the Southeastern Law Enforcement Explorer Academy permission to conduct background checks using the information I have provided. Any information obtained will be placed in my Academy Staff file. I am aware that any information obtained that would cause concern to the Academy may be grounds for refusal of my application.

Date _____

SUPERVISOR'S SIGNATURE REQUIRED: I authorize the designated officer to serve on staff at the Southeastern Law Enforcement Explorer Academy. I understand that this officer is governed by the Academy's Code of Conduct, Rules and Regulations, Code of Ethics and Guidelines.

 Name of authorizing Official (Please print clearly)

 Title of authorizing Official (Please print clearly)

 Signature

 Date

 (Area code) Phone number



EMERGENCY/MEDICAL INFORMATION

*This form must be notarized.
The Original is required if hospital care is needed.*

Emergency contact _____
Home phone _____

Work phone _____ Cell phone _____ E-mail _____

If the person named above is not available in the event of an emergency, notify:

Name _____ relationship _____ phone _____

Name _____ relationship _____ phone _____

Name of personal physician _____ phone _____

Personal health/accident insurance carrier _____ policy # _____

The ability to meet physical challenges comparable to physical agility requirements for Law Enforcement is required.

In case of emergency, I understand every effort will be made to contact my spouse or next of kin. In the event that they cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me.

Date _____ Signature of participant _____

Notary
Sworn to and subscribed before me this _____ day of _____

SEAL

Notary My commission expires _____

Check all items that apply, past or present, to your health history. Explain any "yes" answers.

ALLERGIES: Food, plants, medicines, insect bites _____

General Information:

Yes	No		Yes	No		Yes	No	
		Asthma			Convulsions/seizures			Hemophilia
		ADHD			Diabetes			High blood pressure
		Cancer/leukemia			Heart trouble			Kidney disease

Explain: _____

List any medications to be taken at the Academy: _____

List any physical or behavioral conditions that may affect or limit full participation at the Academy: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses: _____

Immunizations (Date of last inoculation):

Chicken Pox	Lyme disease	Pertusis	Rubella
Diphtheria	Measles	Polio	Tetanus Toxoid
Hepatitis B	Mumps		