SLEEA
Southeastern Law Enforcement Explorer Academy

YEAR: 2021
STAFF APPLICATION
Registration and Health/Medical Summary
(Applicants and supervisors must sign this form)

			☐ Sworn Officer	☐ Non-Sworn Officer
Applicants Name (to be printed on certificate)				**Title/Rank**
Social Security #	**Date of Birth**	**Age**	☐ **Male** ☐ **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**		☐ **Staff** ☐ **Support Staff**	☐ **Instructor** ☐ **Post Advisor**
Areas of Expertise (certifications, e.g. – accident reconstruction, firearms instructor, hostage negotiations, etc.)				

EDUCATIONAL/EXPERIENCE/TRAINING **(Check All Applicable Lines)**

☐ **High School**	☐ **Some College**	☐ **Junior College**	☐ **Advanced College Degree**
☐ **Uniformed Patrol**	☐ **School Resource Officer**	☐ **Narcotics**	☐ **Community Relations**
☐ **Traffic or D.U.I.**	☐ **Investigations**	☐ **G.R.E.A.T. or D.A.R.E. Instructor**	
☐ **Gang Unit**	☐ **Training/Police Academy**	☐ **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		