



**YEAR: 2024**  
**STAFF APPLICATION**  
**Registration and Health/Medical Summary**  
 (Applicants and supervisors must sign this form)

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

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

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

**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		