



EXPLORER PROGRAM

(For those 16-20 years of age)

*William D. Gore,
Sheriff*

The San Diego County Sheriff's Department Explorer Program is a youth-oriented program in cooperation with Boy Scouts of America. Its primary purpose is to provide, through actual experience, a means by which young adults engage in an opportunity to explore their interests and aptitudes in the field of law enforcement through on-the-job exposure.

The Sheriff's Explorer Post is composed of several units assigned to Sheriff's Stations at North Coastal (Encinitas, Solana Beach and Del Mar), Fallbrook, Imperial Beach, Lemon Grove, Rancho San Diego, Poway/Ramona, San Marcos, Santee, Vista, Valley Center, Julian, Campo, and Alpine.

Sheriff's Explorers provide a myriad of beneficial services to the Sheriff's Department and to the community. Many members of the Sheriff's Department began as Explorers, thus forming foundations for careers in law enforcement.

THE EXPLORER ACADEMY

There are two types of Law Enforcement Explorer Academies. One is a seven-day live-in academy with three phases of training: basic, intermediate and advanced. The candidate must complete the basic phase of training in order to become an Explorer. The training includes classes in Criminal Law, Patrol Procedures, Report Writing, Arrest and Control, Court Procedures and Physical Fitness. The basic phase of the training is also offered on Saturdays for nine-consecutive weeks, at a separate time during the year. The successful candidate graduates from the academy, in uniform, as a Sheriff's Deputy Explorer.

BEYOND THE ACADEMY

Once the Explorer has completed the academy, they will be assigned to a patrol station. The groups at each station are made up of Deputy Explorers, Explorer Sergeants and an area Explorer Lieutenant, all of who serve under the guidance of a Deputy Sheriff who acts as the station advisor. Explorers may be promoted through the ranks as they gain expertise and experience. The top-ranking Explorer is a captain who serves as the Explorer Commander.

The Deputy Explorer's uniform, which is provided by the Department, is identical to that worn by regular deputies with the following exceptions:

- 1) The uniform shirt is worn with a green band over the button-down epaulet on each shoulder.
- 2) A narrow "rocker" (banner) with the words "Deputy Explorer" on it is added above the department patch on each sleeve.
- 3) An Explorer's badge has the words "Deputy Explorer" across the top of the badge.

Explorers are issued department identification cards which identify them as Deputy Explorers.

GOALS OF THE EXPLORING PROGRAM

- To encourage desirable character traits, ethical conduct, sound morals, patriotism and respect for law and order so that the Explorers' exemplary behavior might be emulated by their peers.
- To occupy the spare time of young people by providing worthwhile objectives to pursue.
- To provide young people in the community the opportunity to explore their interests and aptitudes in the field of law enforcement by on-the-job exposure to the department's various duties.

PARTICIPANT REQUIREMENTS

- 1) 16-20 years of age. Parent/Guardian approval must be obtained if under 18 years of age.
- 2) Must be a U.S. citizen or a Lawfully Admitted Permanent Resident.
- 3) Possess a High School Diploma or GED Certificate. If still in high school, must have a "C" average or better, and maintain it.
- 4) Good physical condition.
- 5) Vision must be 20/100 or better, correctable to 20/30 or better in each eye. Color vision must be normal. Hearing must be unimpaired.
- 6) Good moral character. Conviction of a felony is disqualifying. A background investigation will be conducted.
- 7) Possess the ability to clearly express thoughts in written and verbal form.
- 8) Complete a condensed version of a Law Enforcement Academy specifically designed for youth.
- 9) Be willing to contribute at least 20-hours per month to the Explorer Program.



INSTRUCTIONS FOR COMPLETING THE EXPLORER APPLICATION/BACKGROUND PACKAGE

GENERAL: Personally complete all sections of the application packet; do not leave any blanks. Be accurate and complete with all answers. If the section does not apply to you, place a "N/A" in that section. **All references (personal, employment and school) must reflect complete addresses, i.e.: P.O. Box or street number and name, city, state and zip code.** Incomplete or incorrect information will delay the processing of your application. PLEASE TYPE ALL INFORMATION OR PRINT CLEARLY AND LEGIBLY IN BLUE OR BLACK INK.

1. Authorization to Release Information

- A. Applicant's name is printed at top with date of birth.
- B. If applicant is under 18 years of age, a parent or legal guardian must also sign and date.

2. Authorization for Medical Treatment

- A. Print applicant's name (or parent/guardian's name if applicant is a minor) on first blank line.
- B. Print applicant's name on second and third blank lines.
- C. Applicant (or parent/guardian, if applicant is a minor) signs on bottom.

3. Request for Participation and Waiver of Liability

- A. Print applicant's name on first blank line.
- B. Applicant signs on signature line.
- C. Parent/Guardian(s) must sign if applicant is a minor.

4. Physician's (Medical Fitness) Waiver

This form is provided, however, do not visit your physician to have this form signed until you are told to do so.

- A. Print applicant's name on first blank line.
- B. Applicant signs and dates.
- C. If applicant is under 18 years of age, a parent/guardian must also sign and date.
- D. PHYSICIAN prints name on blank line in statement, signs, dates and supplies address and telephone.

5. Attach a copy of your birth certificate and a copy of your most recent report card or, if you have graduated, a copy of your high school diploma.

6. Mailing Labels

- A. Typed or computer generated mailing labels must be provided for all references. You may use the white mailing labels provided, or use your own. The labels must contain the name and mailing address of each reference.

You must return the fully completed package with all of the required copies for your application to be evaluated. Incomplete packages will NOT be processed.

Completed applications for the position of Sheriff's Explorer should be submitted to the Sheriff's Personnel Division, Background Investigations Unit. The explorer background investigator will set up an oral interview with the applicant and will conduct a background investigation. The background process includes a truth verification examination. Once the background investigation is completed, if the candidate is successful, they will be notified of acceptance into the Sheriff's Explorer Program as a cadet pending successful completion of an explorer academy. The accepted candidate is assigned to the "Cadet Unit" of the explorer post until they complete an Explorer Academy. Accepted candidates may participate in explorer functions on a limited basis as an Explorer Cadet.

For More Information Please Contact the Sheriff's Background Investigations Unit:

Deputy Trissa Taguacta at (619) 972-9037 or email: Trissa.Taguacta@sdsheriff.org

Completed applications should be submitted to the Background Investigations Unit:

Background Investigations Unit – Deputy Trissa Taguacta
San Diego County Sheriff's Department
9621 Ridgehaven Court
San Diego, CA 92123



EXPLORER APPLICATION AND BACKGROUND PACKET

Last Name _____ First _____ Middle _____
Other Names (maiden, prior, aliases, nicknames) _____ Race _____
Date of Birth (Mo/Day/Yr) _____ Age _____ SSN _____
Sex _____ Height _____ Weight _____ Hair color _____ Eye color _____
Address _____ Apt. _____
City _____ ZIP _____
Home Ph# _____ Work Ph# _____ Cell Ph# _____
Email (All addresses ever used) _____

Parent/Guardian Name _____ Home Phone _____
Address (if different from applicant) _____
Place of Business _____ Work Phone _____
Parent/Guardian Name _____ Home Phone _____
Address (if different from applicant) _____
Place of Business _____ Work Phone _____

EMERGENCY CONTACT

Name _____ Relationship _____
Address _____ Apt. _____
City _____ ZIP _____
Home Ph# _____ Work Ph# _____ Cell Ph# _____

REFERENCES

In the space below, please list as references 6 individuals who have knowledge of you and your qualifications. Exclude relatives. Also, include e-mail addresses for all of your personal references.

Name	Address (include street number, street name, city, state and ZIP	Phone Number

MILITARY SERVICE

Have you ever served in the military? () Yes () No

Branch: _____

Dates of service from _____ to _____
mo/yr mo/yr

Have you ever failed to register for Selective Service or the military draft, when required to do so by law?
() Yes () No

CITIZENSHIP

You must be a U.S. citizen or a Lawfully Admitted Permanent Resident.

Place of Birth _____

Are you a U.S. Citizen? () Yes () No

If naturalized, what year and where did you become a citizen? _____

If you are a Lawfully Admitted Permanent Resident, what is your registration number?

Have you applied for U.S. citizenship? () N/A () Yes () No

If yes, when did you apply for citizenship? _____
mo/yr

EDUCATION

I am presently a high school student in the _____ grade at _____ High School.

I graduated from _____ High School in (mo/yr) _____.

I am presently a college student majoring in _____.

Please indicate below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted.

Name of school	Complete address	From Mo. Yr.	To Mo. Yr.	School references (teachers, counselors, etc.)

Have you ever been suspended or expelled from any school? () Yes () No

If "yes", please explain (include school, date, and circumstances).

LAW ENFORCEMENT INFORMATION

Have you applied with the San Diego County Sheriff's Department before? () Yes () No

What was the disposition of the application(s)? _____

Have you applied with any other law enforcement agencies? () Yes () No

If yes, list below.

Agency	What Year?	Disposition

Have you attended an Explorer Training Academy? () Yes () No

Location: _____ Date: _____ Level: _____

Have you had any other law enforcement training?

() Yes () No

Explain:

EMPLOYMENT

Beginning with your current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held.

Dates of employment	Name, address and telephone number of employer	Name of supervisor
From Mo. Yr. ____/____	To Mo. Yr. ____/____	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Title or duties:	Name(s) of co-workers:
Reason for leaving:		

Dates of employment	Name, address and telephone number of employer	Name of supervisor
From Mo. Yr. ____/____	To Mo. Yr. ____/____	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Title or duties:	Name(s) of co-workers:
Reason for leaving:		

Dates of employment	Name, address and telephone number of employer	Name of supervisor
From Mo. Yr. ____/____	To Mo. Yr. ____/____	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Title or duties:	Name(s) of co-workers:
Reason for leaving:		

Dates of employment	Name, address and telephone number of employer	Name of supervisor

From Mo. Yr. ____/____	To Mo. Yr. ____/____	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Title or duties:	Name(s) of co-workers:
Reason for leaving:		

Have you ever been fired, or asked or forced to resign, from any place of employment? () Yes () No
If "yes", explain what job, when and why on the back of the page.

DRIVING RECORD

- Do you have a valid California driver's license? (CDL) () Yes () No
 CDL number _____ Expiration date _____
- Have you ever had an out-of-state license? () Yes () No
 What state(s)? _____ What year (s) _____
- Has your license ever been suspended, restricted, revoked, or placed on probation? () Yes () No
 If "yes", explain when and why on the back of this page.
- Please list all traffic citations (excluding parking citations) you have received within the past three years

Nature of violation	Location (city, state)	Approximate date	Indicate whether fined or action taken on driver's license

- Do you have any citations or parking tickets that are past due or pending? () Yes () No
 If "yes", explain on back of page.
- When was the last time you drove a motor vehicle while "under the influence" of an alcoholic beverage or some type of illegal drug, when you could have been arrested or stopped? _____
 mo/yr
- Do you currently have automobile insurance? () Yes () No
 Insurance carrier _____ Policy No. _____
 If no, explain why and how long you have driven without insurance, on back of this page.
- Have you ever been involved as a driver in a motor vehicle accident? () Yes () No

If "yes", please give details for each accident.

Date:	Location:	() injury () non-injury
Police investigation: () yes () no	Police Agency:	At fault: () yes () no
Date:	Location:	() injury () non-injury
Police investigation: () yes () no	Police Agency:	At fault: () yes () no
Date:	Location:	() injury () non-injury
Police investigation: () yes () no	Police Agency:	At fault: () yes () no

During the course of the background investigation process, you may be requested to submit a copy of your accident report.

CRIMINAL HISTORY

1. Have you ever been detained, questioned, held on suspicion, fingerprinted or taken into custody, by any law enforcement agency, for any reason other than minor traffic tickets? () Yes () No
2. Have you ever been a suspect in any law enforcement investigation? () Yes () No
3. Have you ever been charged with a crime? () Yes () No
4. Have you ever been arrested? () Yes () No
5. Have you ever been in jail? () Yes () No
6. Have you ever been convicted or pled guilty to any crime? () Yes () No

If you answered "yes" to any of the above questions, list and summarize below. Give more details on the bottom and back of this page regarding "yes" answers.

Agency	Type of Crime	Mo/Yr	Details

Do you have any tattoos? () Yes () No

If yes, describe what type and locations of each tattoo.

CRIMINAL HISTORY (cont.)

Have you ever experimented with, tried, or come in contact with, any type of illegal drug or narcotic?
☐ Yes ☐ No

Indicate with an "X", all drugs that you have experimented with, tried, or come in contact with from the below list. Experimentation includes, but is not limited to smoking, swallowing, tasting, inhaling, or injecting.

<input type="checkbox"/> Marijuana	<input type="checkbox"/> Methamphetamine	<input type="checkbox"/> LSD
<input type="checkbox"/> Hashish	<input type="checkbox"/> Speed	<input type="checkbox"/> Acid
<input type="checkbox"/> Hashish oil	<input type="checkbox"/> Crank	<input type="checkbox"/> Mescaline
<input type="checkbox"/> Cocaine	<input type="checkbox"/> Crystal	<input type="checkbox"/> Peyote
<input type="checkbox"/> Crack	<input type="checkbox"/> Barbiturates	<input type="checkbox"/> Mushrooms
<input type="checkbox"/> Rock	<input type="checkbox"/> Black Beauties	<input type="checkbox"/> Glue
<input type="checkbox"/> Ice	<input type="checkbox"/> Downers	<input type="checkbox"/> Opium
<input type="checkbox"/> Amphetamines	<input type="checkbox"/> Reds	<input type="checkbox"/> Heroin
<input type="checkbox"/> Crosstops	<input type="checkbox"/> Quaaludes	<input type="checkbox"/> Steroids
<input type="checkbox"/> Whites	<input type="checkbox"/> PCP	<input type="checkbox"/> Other (List)
<input type="checkbox"/> Bennies	<input type="checkbox"/> Sherms	_____
<input type="checkbox"/> Uppers	<input type="checkbox"/> Angel Dust	_____

If you checked any of the above drugs, give details below:

Type of Drug or Narcotic	Month & Year first used	Month & Year last used	Lifetime total times used

1. Have you ever used a prescription drug not prescribed for you? ☐ Yes ☐ No
2. Have you ever sold, provided, or given illegal drugs or narcotics to anyone? ☐ Yes ☐ No
3. Have you ever grown marijuana or manufactured any type of drug or narcotic? ☐ Yes ☐ No
4. Have you or anyone else ever injected an illegal drug or narcotic into your body? ☐ Yes ☐ No
5. Do you associate with any person who you suspect uses illegal drugs or narcotics? ☐ Yes ☐ No
6. When was the last time you were present where illegal drugs, narcotics, or other illegal substances were being used? Month _____ Year _____
 Location: _____
 Circumstances: _____

If you answered "Yes" to any of these questions, explain on the back of this page.

ALCOHOL USAGE

Have you ever consumed an alcoholic beverage? _____

What type of alcoholic beverages do you drink? _____

On the average, how many days out of the month do you drink alcoholic beverages? _____

How many drinks do you consume when you do drink? _____

When was the last time you were drunk? _____
mo/yr

How many times have you been drunk in the past 6 months? _____ Past year? _____

FINANCIAL HISTORY

1. Have you ever had any debts/bills turned over to a collection agency? () Yes () No
If "yes", explain what, when and amount of debt owed, on the back of this page.
2. Have you ever had anything repossessed? () Yes () No
If "yes", explain what and when on the back of this page.
3. Do you have any unpaid debts/bills that are past due? () Yes () No
(i.e.: credit cards, mortgage/rent payments, automobile or student loans, medical bills, taxes, etc.)

If you answered "Yes", to any of the above questions, explain on the back of this page.

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE, AND I UNDERSTAND THAT ANY MISSTATEMENTS OF MATERIAL FACTS WILL SUBJECT ME TO DISQUALIFICATION OR DISMISSAL. ALL ANSWERS ARE SUBJECT TO A TRUTH VERIFICATION EXAMINATION.

Applicant's Signature

Date

Parent/Guardian's Signature (if applicant is a minor)

Date



SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
AUTHORIZATION TO RELEASE INFORMATION

NAME: _____

OTHER NAMES: _____

DATE OF BIRTH: _____

To Whom It May Concern:

I respectfully request and authorize you to permit the San Diego County Sheriff's Department (properly identified) to review my credit record, juvenile or adult probation record, medical record, school record and employment record; including but not limited to personnel files, background files, internal investigation files, disciplinary files and training files. They are also authorized to copy any material contained therein.

I hereby release you, your organization, or others from any liability or damage that may result from furnishing the requested information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. The original of this form is maintained at the Sheriff's Department and will be made available upon request.

The information is to be used to assist the Sheriff's Department in determining my fitness and qualifications for a position of trust and responsibility.

This release will expire one (1) year after the date signed.

Applicant's Signature

Date

Parent/Guardian's Signature (if applicant is a minor)

Date



SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
EXPLORER PROGRAM

AUTHORIZATION FOR MEDICAL TREATMENT

I, _____ do hereby authorize a member of the San Diego County Sheriff's Department, as agent(s) for the undersigned to consent to X-Ray examination, anesthetic, medical or surgical diagnoses or treatment and hospital care to be rendered to _____ (minor - adult) under the general supervision and upon the advice of a physician or surgeon, or to consent to an X-Ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care to be rendered to _____ (minor - adult) by a dentist.

THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL THE ABOVE MENTIONED EXPLORER BECOMES INACTIVE IN THE SAN DIEGO COUNTY SHERIFF'S DEPARTMENT LAW ENFORCEMENT PROGRAM, UNLESS SOONER REVOKED BY WRITTEN NOTICE OF TERMINATION DELIVERED TO SAID AGENTS.

Applicant's Signature if 18 years of age or older

Date

Parent/Guardian's Signature (if applicant is a minor)

Date



SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
EXPLORER PROGRAM

REQUEST FOR PARTICIPATION AND WAIVER OF LIABILITY

I _____, a Sheriff's explorer, hereby request that I be allowed to ride along as a passenger and/or observer in a San Diego County Sheriff's Department vehicle on regular law enforcement assignment while a registered explorer with the Sheriff's Department

I make this request with full knowledge that law enforcement is an inherently dangerous activity, and that I am exposing myself to the risk of serious bodily harm, including but not limited to the risk of injuries resulting from the operation and use of said Sheriff's Department vehicle, and at the risk of injuries inherent in participating, even as an observer, in law enforcement activities.

I further understand that the primary duty of the sheriff's deputy or deputies with whom I will be riding is law enforcement; that said duties may prevent said deputies from making any provision for my personal protection under many circumstances; and that neither they, the Sheriff's Department nor the County of San Diego can guarantee my personal safety.

In consideration for being allowed to ride along on patrol assignment, as requested, and with full knowledge and appreciation of the risks involved, I voluntarily agree to, and do hereby assume all risks of physical harm in connection with this request. I further agree not to bring any claim or suit with respect to any injuries I may sustain against the State of California, the County of San Diego, the San Diego County Sheriff's Department, or any of their officers, deputies, or employees, and I agree to hold them harmless from and indemnify them for any and all claims, demands, suits and liability which might possibly arise out of my participation in this program as requested herein.

I certify that I have read this request and waiver of liability before signing it and I fully understand its contents.

Applicant's Signature

Date

=====

IF THE RIDER IS UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST SIGN BELOW

I/We have read and join in making the foregoing request and waiver of liability on behalf of ourselves and of our minor child whose signature appears above.

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date



SAN DIEGO COUNTY SHERIFF'S DEPARTMENT
EXPLORER PROGRAM

PHYSICIAN'S MEDICAL WAIVER

I, _____ understand that I must be in satisfactory physical condition to perform the duties of the San Diego County Sheriff's Department Explorer Program. These duties include moderate physical activities such as walking and running, entering and exiting a vehicle several times in a 12.5-hour period and occasionally standing for an extended period of time. In addition, I will be attending a nine-day academy during which time I will be participating in rigorous physical activity. By signing this waiver I acknowledge that I am in adequate physical condition and have no medical limitations that would prohibit my participation in the Sheriff's Explorer Program.

Applicant's Signature

Date

Parent/Guardian's Signature (if applicant is a minor)

Date

I, _____ M.D., am unaware of any conditions or restrictions that would prohibit my patient from participating in any of the activities listed above.

Physician's Signature

Date

Physician's address: _____

Telephone: _____

Do not return this form to the Sheriff's Department without physician's signature.