

Jackson County Sheriff's Office Explorer Program

Application for Membership

Instructions **Read carefully****:** Please fill out this form in its entirety. Incomplete applications will not be considered. If a section does not apply to you, write "N/A". Please also read and sign the attached background waiver and academy acknowledgement. All forms must accompany this application or be brought to the applicant's interview. Electronic signatures are acceptable.

Applicant Requirements:

- Be between the ages of 15-21 years old.
- Have an interest in a law enforcement or criminal justice profession
- Maintain a 2.0 GPA (C) if attending high school
- Have no felony or misdemeanor convictions
- Have a strong moral character
- Must be able to attend and complete the Michigan Law Enforcement Youth Training Academy each year.

Section 2: Application Process

- Application submitted and screened for completeness
- Formal panel interview
- Background investigation
- Acceptance or denial

Applicants may submit their application:

- ****Preferred** By email:** btucker@mijackson.org
- **By mail or in person:**
Jackson County Sheriff's Office
Attn Explorer Program
212 W Wesley St
Jackson, MI 49201

Once the program has received your application, you will receive an email confirmation. If you have not received a confirmation within a week of sending your application, please email: btucker@mijackson.org

Full Name (First, Middle, Last): _____

Date of Birth: ____/____/____ **Current Age:** _____ **Phone number:** _____

Address:

(House # & Street)

(City)

(State)

(Zip)

Email address: _____

Do you have a driver's license? – Yes | – No

Driver's license #: _____ **State:** _____

Have you ever received a traffic citation? – Yes | – No **If yes, Please provide details below:**

Have you ever been arrested? O – Yes | O – No **If yes, where:** _____

School Information:

High school attended: _____ Currently attend? O – Yes (Grade: ____) | O – No

GPA: _____ Year graduated or anticipating graduation: _____

College attended: _____ Currently attend? O – Yes (Year: ____) | O – No

GPA: _____ Year graduated or anticipating graduation: _____ Major: _____

Have you ever been suspended or expelled from school? O – Yes | O – No **If yes, please explain below:**

Please list any sports, activities or hobbies you participate in:

Work Information:

Current Employer(s): _____

Direct Supervisor name(s): _____

Telephone numbers: _____ Hours work a week: _____

Previous Employers: _____

Personal References (2 non-family):

| Name | Relation | Phone # |
|------|----------|---------|
| | | |
| | | |

How did you find out about the program?

Why do you want to be a Police Explorer?

Signature: _____ Date: _____

Jackson County Sheriff's Office

Explorer Program

Michigan Law Enforcement Youth Training Academy Acknowledgement

The Michigan Law Enforcement Youth Training Academy (MLEYTA) is a week-long “boot camp” style police academy held annually in Michigan. The MLEYTA is usually near the end of June each year. Members of the Jackson County Explorer Program are **REQUIRED** to attend the MLEYTA each of their first three years in the program. Most importantly, explorers are **REQUIRED** to attend within one year of acceptance into the program. **Failure to attend or graduate from the MLEYTA will result in dismissal from the program.**

The academy is physically demanding and explorers are required to live on-site at the academy the entire week.

It is important to note that nearly 100 explorers from across the state attend the MLEYTA each year and successfully graduate from the program. The information and experience gained is invaluable in preparing explorers for a law enforcement career.

More information about the MLEYTA can be found on the Michigan Law Enforcement Youth Advisory Committee (MLEYAC) website: <https://www.mleyac.org/state-academy>

Costs are usually covered in full by the Sheriff's Office

By signing below, I acknowledge I have read the above information and I will be able to attend the MLEYTA within one year of acceptance into the Explorer Program. Failure to do so will result in me being removed from the Explorer Program.

Applicant Name

Signature

Date

Jackson County Sheriff's Office

Explorer Program

Initial Background Waiver

This form must be signed in order to be considered for a position in the Jackson County Sheriff's Office Explorer Program. If an applicant is under the age of 18, a parent or guardian must also sign this form.

In connection with my application for membership, I understand that members of the Jackson County Sheriff's Office will be conducting a background investigation. This investigation may including members of the Jackson County Sheriff's Office contacting my current / previous employers, current / previous educational institutions, law enforcement agencies, courts and any other individual or entity which may be able to provide information on my suitability as a member of the Jackson County Sheriff's Office explorer program. I also understand a criminal history check (to include any dismissed or suppressed convictions) and a driving record check will be conducted. This is necessary because members may come into contact with law enforcement sensitive information.

I voluntarily and knowingly authorize any present or past employer or supervisor, institution of learning; administrator, law enforcement agency, local or state agency, Federal agency; private business; military branch or any other individual or entity to give records of information they may have concerning information requested as part of my background investigation. I voluntarily and knowingly unconditionally release any named or unnamed format from all liability resulting from the furnishing of this information. A photocopy of this background waiver shall be considered by the recipient to be a signed original, as long as it is transmitted to the recipient by the Jackson County Sheriff's Office and is received within one year of the signature date,

I understand that a thorough and complete background investigation will be conducted to determine my fitness and desirability as a candidate for the Jackson County Sheriff's Office Explorer Program.

I hereby release from liability and agree to hold harmless; under any and all possible cause of legal action, including negligence, the Jackson County Sheriff's Office (including its explorer program), and any of its officers, agents or employees for any neglect or wrongful statements, acts, omissions made or recorded in the course of my background investigation.

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|---|--------------|
| Applicant Signature | Date |
| Parent/Guardian Signature (If under 18) | Relationship |
| | Date |

APPLICANT INFORMATION – Please complete ALL blanks

| | | |
|--|--------------------------------|----------------------|
| Last Name | First Name | Full Middle Name |
| Other Names, Nicknames or Aliases used | Date of Birth (Month/Day/Year) | |
| Present Address | Number/Street | City |
| | | State |
| | | Zip Code |
| | | How Long lived here? |
| Previous Address (Within last 7 years) | Number/Street | City |
| | | State |
| | | Zip Code |
| Driver's License Number | State Issued | Expiration Date |