



LAWRENCE COUNTY SHERIFF'S EXPLORER APPLICATION

242 PARKER ROAD, MOULTON, ALABAMA 35650 | 256-974-9291

****Must be 14-19 years of age to apply, with a minimum GPA of 2.0.****

APPLICANT INFORMATION: NAME (LAST, FIRST MI):

DOB (MM/DD/YYYY): _____ AGE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

SCHOOL ATTENDING: _____

APPLICANT'S GUARDIAN INFORMATION: NAME (LAST, FIRST MI):

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

By applying, I understand that the explorer program is for young men and women ages 14-19. The intent of law enforcement exploring is to educate and involve youth in better understanding of the criminal justice field. Through involvement, the law enforcement explorer program establishes an awareness of the complexities of police service. In addition to gaining better understanding of police service, the participants have the opportunity to give themselves to their community. Exploring can further each explorer's education, encourage the explorer's participation in a rewarding and productive service activity, and enhance the explorer's preparation for a future role as a citizen and community member. Applications may be submitted to a school resource officer; or submitted to our office located at 242 Parker Road, Moulton, Alabama. Any questions please contact Lt. Mitchell Breland or Deputy Jacob Eward at 256-974-2500 or email MBreland@sheriff.lawrencecountyal.gov; or you can talk with a school resource officer.

APPLICANT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____



Lawrence County Sheriff's Explorers
(Sheriff-Fire-EMS)

Hold Harmless and Release of Liability Form

Agreement and Legal Waiver

The Undersigned, parents or guardians of _____, a member of the Lawrence County Explorer Program hereby indemnifies and holds harmless the County of Lawrence, its agents and employees; the Sheriff of Lawrence County, his agents and employees; the City of Moulton/ Moulton Police Department/ Moulton Fire Department, their agents, volunteers, and employees; Lawrence County Emergency Medical Services, its agents and employees; Lawrence County Firefighter's Association, its agents, volunteers, and employees; from any claims of any kind whatsoever or of any nature for injury to the person or damage to the property of _____, his/her parents, siblings, or heirs. This indemnity and hold harmless agreement shall be considered a complete and total waiver of any and all liability on the part of the parties as set forth hereinabove.

Should the undersigned member require emergency medical care while participating in the Explorer Program, the sponsoring agency/organization personnel has permission of the parent/guardian and the explorer participant to use their judgement in obtaining care for him/her. I/we give permission to the medical care provider selected by said personnel to render medical care deemed necessary and appropriate in loco parentis.

Waiver for Consent for Photographs

The undersigned do hereby consent to being photographed while participating in any detail, event, function or activity related to the Explorer Program. We/I also give consent for the agencies/organizations affiliated with the Explorer Program to use names, likenesses, images, appearances, and basic biographical information ("image") in, on, or in connection with any photographs, pictures, digital media, printed media, and analogue media for legitimate use by any agencies/organizations affiliated with the Explorer Program. We/I expressly waive all claims for royalties or other compensation related to the use of any image or related information by and for the agencies/organizations affiliated with the Explorer Program.

Dated: _____

Signature: _____

Parent (Guardian) Print: _____