HARRIS COUNTY SHERIFF'S OFFICE

EXPLORER POST 42

YOUTH APPLICATION

HCSO - LAW ENFORCEMENT EXPLORING PROGRAM

NAME: _____

DATE: _____

Applicants for the position of Explorer should meet the following requirements:

1- Must be between 14 and 20 years of age, be a U.S. citizen or legal resident, and have completed the 8th grade.

2- May remain in the program until reaching their 21st birthday.

3- Must have a high school diploma or GED equivalent, or be currently enrolled and attending school. Upon graduation from high school, the Explorer must enroll in at least two (2) courses each fall and spring semester at an accredited college or university.

4. Must maintain at least a "C" (70) GPA in each enrolled class.

5. Must be of sound mental and physical health, with no deficiencies that would interfere with a law enforcement career. Explorers must be in excellent physical condition, with weight proportionate to height and body frame.

6. Must have correctable 20/20 visual acuity and no color blindness or color deficiency. Corrective measures may include glasses or contact lenses.

7. Must pass a medical evaluation conducted by a physician or licensed healthcare practitioner. This evaluation, documented on the Explorer Medical Evaluation form, is required for participation in all activities, including the Ride-Along Program. It must include a standard hearing test and be updated annually, with the completed form submitted to the Post Advisor before January 1st of each calendar year.

8. Must have no record of arrest or conviction for any Class B misdemeanor (or higher), or for any Class C misdemeanor involving moral turpitude.

9. Must not have more than three (3) moving Class C misdemeanor traffic violations and/or accidents in the past 24 months.

10. No illegal use of drugs or alcohol, past or present.

11. No dismissal from any Explorer Post for dishonorable reasons.

12. If under eighteen (18) years of age, must have written permission from both parents or legal guardians to participate in the Explorer Program. A hold-harmless and release of liability form must be completed by both parents or legal guardians and notarized. If the Explorer is 18 years of age or older and still living at home, the same notarized form is required. If the Explorer is 18 years old and not living at home, they may complete and notarize the form themselves.
Note: If one parent has full custody, court documentation must be provided. Step-parents may not sign in place of biological parents unless they have legal documentation granting parental rights. Photocopies of official court documents are acceptable.

13. Must pass an extensive background investigation, which may include contact with school officials, neighbors, family members, clergy, and personal references, prior to acceptance into Post #42.

14 No termination from any employment due to theft or deception.

15 Must provide all personal social networking account names (e.g., Facebook.com) for review. Any offensive, vulgar, or otherwise inappropriate content may result in rejection of the application.

16. Must meet all membership requirements of Learning for Life. Race, color, religion, gender, sexual orientation, economic status and ethnic background are not criteria for participation.

17. Must complete and submit the following documents: hold-harmless and release of liability form, medical evaluation and release form, Hepatitis B vaccination declination form, and any other documentation required by Learning for Life.

18. Must reside in Harris County or be the child of an employee of the Harris County Sheriff's Office.

19. Must have a genuine interest in a future career in law enforcement or a related criminal justice field (federal, state, or local).

APPLICATION

Instructions: Type or print legibly in black ink. Answer every question. If a question does not apply to you, write "N/A" in the space provided. Do not misstate or omit any material facts, as all statements are subject to verification to determine your eligibility for acceptance. If you need additional space to fully answer any question, attach extra pages as needed.

PERSONAL INFORMATION

Applicant Name: _____ Gender: Male__ Female__
Last Name / First Name / Middle Name / Suffix (Sr, Jr ,III etc.)

Name You Wish To Be Called: _____ U.S. Citizen: Yes__ No__ Ethnicity: _____

Date of Birth: ____/____/_____ Age: _____ Grade Level: _____ School:_____
Month / Day / Year

Home Address _____
Street & Apartment # / City / State / Zip Code - NO PO BOXES -

Applicants Home Phone: _____ Cell : _____

Applicants Email: _____

Applicants Facebook Account Name/Address:_____

Personal Websites or Blogs:_____

Place of Birth: _____
City / County / State / Country

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Driver License Number: _____ State:_____ Class: _____ Expires: _____ Restrictions: _____

Social Security Number: _____-_____-_____

PHOTO IDENTIFICATION

Tape a (cut-out) color photocopy of your driver license, identification card, school id, or a passport photo here.

*** Parents:**
Please do not fill out this form for your child. Instead, encourage them to answer all questions in this packet to the best of their ability.

FAMILY INFORMATION

Father: _____ Date of Birth: ____/____/_____ Ethnicity: _____
Last Name / First Name / Middle Initial — Month/Day/Year

Home Address *(No PO Boxes)*: _____
Street / Apt. # / City / State / Zip

Phone *(include area codes)* Home: _____ Cell: _____ Work: _____

Current Employer: _____ Job Title: _____

Mother: _____ Date of Birth: ____/____/_____ Ethnicity: _____
Last Name / First Name / Middle Initial — Month/Day/Year

Home Address *(No PO Boxes)*: _____
Street / Apt. # / City / State / Zip

Phone *(include area codes)* Home: _____ Cell: _____ Work: _____

Current Employer: _____ Job Title: _____

Step-Father: _____ Date of Birth: ____/____/_____ Ethnicity: _____
Last Name / First Name / Middle Initial — Month/Day/Year

Home Address *(No PO Boxes)*: _____
Street / Apt. # / City / State / Zip

Phone *(include area codes)* Home: _____ Cell: _____ Work: _____

Current Employer: _____ Job Title: _____

Step-Mother: _____ Date of Birth: ____/____/_____ Ethnicity: _____
Last Name / First Name / Middle Initial — Month/Day/Year

Home Address *(No PO Boxes)*: _____
Street / Apt. # / City / State / Zip

Phone *(include area codes)* Home: _____ Cell: _____ Work: _____

Current Employer: _____ Job Title: _____

Siblings: Place in order by eldest in age. *(Examples: brothers, sisters, step-brothers/sisters, adopted brothers/sisters, etc.)*

If you have more than ten siblings, attach additional family information sheet(s).

1. _____
Name / Relationship / Age — School/Employer
2. _____
Name / Relationship / Age — School/Employer
3. _____
Name / Relationship / Age — School/Employer
4. _____
Name / Relationship / Age — School/Employer
5. _____
Name / Relationship / Age — School/Employer
6. _____
Name / Relationship / Age — School/Employer
7. _____
Name / Relationship / Age — School/Employer
8. _____
Name / Relationship / Age — School/Employer
9. _____
Name / Relationship / Age — School/Employer
10. _____
Name / Relationship / Age — School/Employer

EMPLOYMENT INFORMATION

Are you currently employed? Yes ___ No ___ (If "No" then skip this page.)

Current Employer

Business Name: _____ Your Job Title: _____
Employer's Full Address: _____
Employer's Main Phone Number: _____ Your hired on date: _____
Supervisor's Name: _____ Supervisors Direct Phone Number: _____
General Job Description: _____

Previous Employer(s): *(start with the most recent employer, working backwards in time)*

Business Name: _____ Your Job Title: _____
Employer's Full Address: _____
Employer's Main Phone Number: _____ Your hired on date: _____
Supervisor's Name: _____ Supervisors Direct Phone Number: _____
General Job Description: _____

Business Name: _____ Your Job Title: _____
Employer's Full Address: _____
Employer's Main Phone Number: _____ Your hired on date: _____
Supervisor's Name: _____ Supervisors Direct Phone Number: _____
General Job Description: _____

Business Name: _____ Your Job Title: _____
Employer's Full Address: _____
Employer's Main Phone Number: _____ Your hired on date: _____
Supervisor's Name: _____ Supervisors Direct Phone Number: _____
General Job Description: _____

Business Name: _____ Your Job Title: _____
Employer's Full Address: _____
Employer's Main Phone Number: _____ Your hired on date: _____
Supervisor's Name: _____ Supervisors Direct Phone Number: _____
General Job Description: _____

Business Name: _____ Your Job Title: _____
Employer's Full Address: _____
Employer's Main Phone Number: _____ Your hired on date: _____
Supervisor's Name: _____ Supervisors Direct Phone Number: _____
General Job Description: _____

Business Name: _____ Your Job Title: _____
Employer's Full Address: _____
Employer's Main Phone Number: _____ Your hired on date: _____
Supervisor's Name: _____ Supervisors Direct Phone Number: _____
General Job Description: _____

EDUCATION INFORMATION

What school do you currently attend?
Junior High: _____ High School: _____
College/University: _____ Other: _____

Have you ever been expelled from school? Yes___ No___
Have you ever been suspended from school? Yes___ No___
Have you ever been sent to an alternative school? Yes___ No___
Have you ever been sent to an in-school suspension? Yes___ No___
Have you ever been put on academic probation? Yes___ No___

If you answered "Yes" to any of the above questions, explain the circumstances for each. Also list when and where it happened.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Have you graduated from high school with a diploma or G.E.D.? Yes___ No___
If "yes", what college/university are you currently enrolled in or will be enrolled in?

_____

Are you planning on going to a college/university when you graduate from high school? Yes___ No___

Are you planning on going into the military when you graduate from high school? Yes___ No___

Are you planning on a career in the criminal justice field (Federal, State, Local)? Yes___ No___

Explain what your possible career plan is.

_____
_____
_____
_____
_____
_____
_____
_____
_____

DRIVING HISTORY INFORMATION

Do you have or ever had a driver license/permit? Yes___ No___ (If "No", skip to next page.)

Driver License Number: _____ State:_____ Class: _____ Expires: _____ Restrictions: _____

List ALL "traffic" related citations/tickets; you have received within the last 24 months: (start with the most recent)

1. _____
   Date of Charge / Location / Agency / Charge or Violation / Disposition
2. _____
   Date of Charge / Location / Agency / Charge or Violation / Disposition
3. _____
   Date of Charge / Location / Agency / Charge or Violation / Disposition
4. _____
   Date of Charge / Location / Agency / Charge or Violation / Disposition
5. _____
   Date of Charge / Location / Agency / Charge or Violation / Disposition
6. _____
   Date of Charge / Location / Agency / Charge or Violation / Disposition
7. _____
   Date of Charge / Location / Agency / Charge or Violation / Disposition
8. _____
   Date of Charge / Location / Agency / Charge or Violation / Disposition
9. _____
   Date of Charge / Location / Agency / Charge or Violation / Disposition

Has your driver license ever been suspended or revoked? Yes___ No___
Have you ever had your auto insurance canceled/denied by the insurance company? Yes___ No___

Who is your current auto insurance carrier? _____

What is your auto insurance policy number? _____

What is your auto insurance agents name? _____

What is your auto insurance phone number? _____

VEHICLE INFORMATION

Please provide any vehicles you drive/operate or own:

Vehicle 1: _____
Color / Year / Make / Model / License Plate Number / State

Vehicle 2: _____
Color / Year / Make / Model / License Plate Number / State

Vehicle 3: _____
Color / Year / Make / Model / License Plate Number / State

Vehicle 4: _____
Color / Year / Make / Model / License Plate Number / State

Vehicle 5: _____
Color / Year / Make / Model / License Plate Number / State

Vehicle 6: _____
Color / Year / Make / Model / License Plate Number / State

ARREST OR DETENTION

1. Have you ever been arrested or detained by a law enforcement agency? Yes___ No___

2. Have you ever been charged with an offense? Yes___ No___

3. Have you ever been questioned as a suspect involved in a crime? Yes___ No___

4. Have you ever been fingerprinted by a law enforcement agency? Yes___ No___

5. Have you ever been charged with any type of theft or stealing? Yes___ No___

6. Have you ever been charged with any type of drug related offense? Yes___ No___

If you answered "Yes", explain in detail the circumstances behind it, when, where it occurred, and the disposition of the case.

List ALL (non-traffic) related citations/tickets, ex: Disorderly Conduct, Public Intoxication, etc. (Start with the most recent)

1. _____
   Date of Charge / Location / Agency / Charge or Violation / Disposition
2. _____
   Date of Charge / Location / Agency / Charge or Violation / Disposition
3. _____
   Date of Charge / Location / Agency / Charge or Violation / Disposition
4. _____
   Date of Charge / Location / Agency / Charge or Violation / Disposition
5. _____
   Date of Charge / Location / Agency / Charge or Violation / Disposition

Have you or a family member been involved in a civil or criminal court action or lawsuit? Yes___ No___
If you answered "Yes", explain the circumstances.

MORAL CHARACTER

1. Have you ever shoplifted or stolen anything of value? Yes___ No___

2. Have you ever consumed any alcoholic beverage(s) other than for religious reasons? Yes___ No___

3. Have you ever been intoxicated (drugs or alcohol)? Yes___ No___

4. Have you ever used a tobacco product under the age of 18? Yes___ No___

5. Have you ever lied to any person of authority? Yes___ No___

6. Do you use or have you ever used any illegal drugs? Yes___ No___

7. Have you ever driven a motor vehicle, while intoxicated or under the influence of drugs or alcohol? Yes___ No___

8. Have you ever physically assaulted anyone? Yes___ No___

9. Have you ever had sexual intercourse with a minor? (A minor is a child not of legal age to consent.) Yes___ No___

10. Have you ever been a victim of a serious criminal offense? Yes___ No___

11. Do you or have you ever had any affiliation with any racially-biased, hate groups, or street gangs? Yes___ No___

If you answered "Yes" to any of the above questions, explain in detail the circumstances:

PREVIOUS EXPLORING HISTORY

Have you ever been a member of any other Explorer Post's? Yes___ No___

If you have answered "Yes," list all explorer posts you have been a member of:

1. _____
   Post Number / Post District / Agency / Advisor's Name / Dates Attended
   Reason for leaving: _____

2. _____
   Post Number / Post District / Agency / Advisor's Name / Dates Attended
   Reason for leaving: _____

3. _____
   Post Number / Post District / Agency / Advisor's Name / Dates Attended
   Reason for leaving: _____

4. _____
   Post Number / Post District / Agency / Advisor's Name / Dates Attended
   Reason for leaving: _____

Have you ever been suspended or expelled (kicked-out) from an Explorer Post? Yes___ No___

If "Yes," explain in detail the circumstances.

_____

Scouting:

Have you ever been a member of the Boy Scouts or Girl Scouts? Yes___ No___ *(If "No" then skip to next page)*

1. _____
   Troop or Unit# / Council or District / Organization / Leader/Scoutmasters Name / Dates Attended
   Reason for leaving: _____

2. _____
   Troop or Unit# / Council or District / Organization / Leader/Scoutmasters Name / Dates Attended
   Reason for leaving: _____

3. _____
   Troop or Unit# / Council or District / Organization / Leader/Scoutmasters Name / Dates Attended
   Reason for leaving: _____

What position(s) within the Troop/Unit have you held: _____
_____

Have you earned the Eagle Scout or Gold Award? Yes___ No___
If you answered "No" then what was highest level achieved?_____
If you answered "Yes" then when did you receive your Eagle Scout or Gold Award? _____

ORGANIZATIONS/CLUBS

Please list any organizations, clubs, associations, societies or groups you are a member of past or present.
Examples: Student Council, National Honor Society, Criminal Justice/Law Club, Sports Association, Martial Arts group, etc.

1. _____
Name of Organization / Type of Organization / Office Held -if any / Dates
2. _____
Name of Organization / Type of Organization / Office Held -if any / Dates
3. _____
Name of Organization / Type of Organization / Office Held -if any / Dates
4. _____
Name of Organization / Type of Organization / Office Held -if any / Dates
5. _____
Name of Organization / Type of Organization / Office Held -if any / Dates
6. _____
Name of Organization / Type of Organization / Office Held -if any / Dates
7. _____
Name of Organization / Type of Organization / Office Held -if any / Dates

Have you ever actively participated in any community service projects? If yes, give examples:_____
_____
_____
_____
_____
_____

RELIGIOUS AFFILIATIONS

Are you a member of any religious organizations? Yes___ No___

What religion do you belong to: _____

Can we contact your clergy/leader for a character reference? Yes___ No___

If "Yes", please provide a name and phone number: _____

HOBBIES/ACTIVITIES

What are some of your hobbies or things you like to do in your spare time? Some examples may be: fishing, hiking, camping, swimming, hunting, football, tennis, baseball, video games, scrapbooking, photography, art, music, computers, cooking, etc.

Please list them below:

1. _____ 11. _____
2. _____ 12. _____
3. _____ 13. _____
4. _____ 14. _____
5. _____ 15. _____
6. _____ 16. _____
7. _____ 17. _____

MISCELLANEOUS INFORMATION

Explain why you want to be a member of the HCSO Law Enforcement Exploring Program? —*must be a minimum of three paragraphs*

Is there anything that requires further explanation and was not covered in the previous questions? If so, please explain in detail:

Any comments you would like to make concerning your background, or qualifications in relation to the program?

REFERENCES

Please list five people that you personally know very well, that would speak to the Post Advisor about you. (Do not use direct family members, relatives, or clergy.) Also please ensure you have their permission to be contacted about being your reference. A letter will be sent to the Principal of all high school students for verification of enrollment. References may not be a relative or an Explorer in the post for which you are applying for membership.

1. _____

First Name / Last Name — Relation to you

Home Address: Street / Apt# / City / State / Zip Code

Home Telephone — Cell Number — Work Number

Email Address — Occupation — Years Known

2. _____

First Name / Last Name — Relation to you

Home Address: Street / Apt# / City / State / Zip Code

Home Telephone — Cell Number — Work Number

Email Address — Occupation — Years Known

3. _____

First Name / Last Name — Relation to you

Home Address: Street / Apt# / City / State / Zip Code

Home Telephone — Cell Number — Work Number

Email Address — Occupation — Years Known

4. _____

First Name / Last Name — Relation to you

Home Address: Street / Apt# / City / State / Zip Code

Home Telephone — Cell Number — Work Number

Email Address — Occupation — Years Known

5. _____

First Name / Last Name — Relation to you

Home Address: Street / Apt# / City / State / Zip Code

Home Telephone — Cell Number — Work Number

Email Address — Occupation — Years Known

Are you willing to submit to a drug test prior to and/or during your participation in the Explorer program?
Yes ___ No___

Have you ever been arrested? Yes ___ No___ If YES, please explain in detail:

Do you have any impairment that may limit your physical or mental ability? Yes ___ No___ If YES, explain:

Do you take any medications? Yes ___ No___ If YES, what meds(s) and what for:

Post Supervisor Signature: _____
Date: _____

STATEMENT OF CONSENT AND LIMITATION OF LIABILITY

I, (Name of Applicant) _____desire to participate in a Law Enforcement Explorer program being conducted by the Harris County Sheriffs Office and Chartered through the Boy Scouts of America's Exploring program.

In consideration of the permission granted to me by Harris County, Texas to accompany, observe and otherwise associate with on-duty peace officers and civilian employees of the Harris County Sheriffs Office as part of the Law Enforcement Explorer Post Program, I/We hereby waive all claims of damages or loss to the above named person or property which may be caused directly or indirectly by an act or omission of the Harris County Sheriff's Office, its peace officers, agents or employees. I/We assume the risk of all dangerous conditions or occurrences associated with the participation in the Explorer program. I/We further discharge Harris County and the Harris County Sheriff's Office, their peace officers, agents and volunteers, whether real or asserted, of every nature, kind and character whatsoever arising out of said Explorer Post association and do hereby covenant not to sue.

To be completed if you are 18 years of age or older

Name of Applicant _____ Signature of Applicant_____

Name of Witness_____ Signature of Witness_____

To be completed if you are UNDER 18 years of age

Name of Applicant _____ Signature of Applicant_____

Name of Parent _____ Signature of Parent _____

Subscribed and sworn to before me this _____ day of _____ 20_____

(Public Notary) _____

My Commission Expires: _____

MEDICAL RELEASE

Name of Applicant: _____has my permission to participate in the Harris County Sheriffs Office Explorer Post program.

I know of no health or fitness restriction(s) that preclude his/her participation. In the event of illness or injury occurring to my son or daughter while involved in Explorer activities, I consent to X-ray examination, anesthesia, medical and/or surgical diagnostic procedures or treatment that is considered necessary in the best judgment of the attending physician and performed by or under the supervision of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury and I cannot be contacted, I hereby grant the Harris County Sheriff's Office permission to consent to necessary and appropriate medical treatment. I further understand that all reasonable efforts to contact me will be attempted.

To be completed if you are 18 years of age or older

Name of Applicant _____ Signature of Applicant_____

Name of Witness_____ Signature of Witness_____

To be completed if you are UNDER 18 years of age

Name of Applicant _____ Signature of Applicant_____

Name of Parent _____ Signature of Parent _____

Subscribed and sworn to before me this _____ day of _____ 20_____

(Public Notary) _____

My Commission Expires: _____

HEPATITIS-B DECLINATION

For Post Youth and Adult Volunteers

I understand that due to my voluntary participation in Exploring activities, I may be exposed to blood and other potentially infectious materials, and may therefore be at risk of acquiring Hepatitis-B (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis-B vaccine:

(check one):
At my expense ___ At a reduced cost ___ At no charge to me ___

However, I decline the Hepatitis-B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis-B, which is a serious disease. If, in the future, I continue to participate in post activities with exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis-B vaccine, I can receive the vaccination series

(check one):
At my expense ___ At a reduced cost ___ At no charge to me ___

To be completed if you are 18 years of age or older

Name of Applicant _____ Signature of Applicant_____

Name of Witness_____ Signature of Witness_____

To be completed if you are UNDER 18 years of age

Name of Applicant _____ Signature of Applicant_____

Name of Parent _____ Signature of Parent _____

Subscribed and sworn to before me this _____ day of _____ 20_____

(Public Notary) _____

My Commission Expires: _____

EXPLORER RIDE-ALONG AUTHORIZATION AND RELEASE

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth (Month / Day / Year): _____

Assumption of Risk and Release of All Claims

KNOWN All MEN BY THESE PRESENTS: That I, _____, being desirous of being permitted to travel as a passenger/observer in a vehicle while it is being used by a Deputy of the Harris County Sheriff's Office, in the performance of the law enforcement functions of said County in carrying out his or her duties and assignments and fully realizing that in so doing, I may expose myself to the extraordinary dangers and hazards which may arise in connection therewith, do hereby knowingly assume all such risks and in consideration of being permitted to travel as a passenger as aforesaid, do hereby release and forever discharge the Harris County Sheriff's Office, its successors, agents, servants, and employees from any and all claims, demands, damages, actions, and causes of actions, whatsoever, which I, my heirs, or personal representatives may ever have arising out of, by reason of, or in any manner have grown out of any injuries or damage sustained by me by reason of any accident or other occurrence resulting from traveling as a passenger/observer in any Harris County Sheriff's Office vehicle for the purposes of aforementioned. I further understand and agree that I am fully aware that if I do not execute this assumption of risk and release I will not be permitted to travel as a passenger as aforesaid.

In witness whereof, I have set my hand this _____day of _____ 20____.

To be completed if you are 18 years of age or older

Name of Applicant _____ Signature of Applicant_____

Name of Witness_____ Signature of Witness_____

To be completed if you are UNDER 18 years of age

Name of Applicant _____ Signature of Applicant_____

Name of Parent _____ Signature of Parent _____

Subscribed and sworn to before me this _____ day of _____ 20_____

(Public Notary) _____

My Commission Expires: _____

MEDIA RELEASE FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth (Month / Day / Year): _____

I hereby assign and grant to the Harris County Sheriff's Office and/or the Learning for Life Explorer Program the right and permission to use and publish the photographs/film/video/tapes/electronic representations and/or sound recordings made of me by members of the Harris County Sheriff's Office and/or the Learning for Life Explorer Program, and I hereby release the Harris County Sheriff's Office and/or the Learning for Life Explorer Program from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/video tapes/electronic representations and/or sound recordings without limitation at the discretion of the Harris County Sheriff's Office and/or the Learning for Life Explorer Program and I specifically waive any right to any compensation I may have for any of the foregoing.

I understand that no last names, phone numbers, or addresses will be used in conjunction with any of these representations unless expressly agreed to before any publication would be made.

In witness whereof, I have set my hand this _____day of _____ 20____.

To be completed if you are 18 years of age or older

Name of Applicant _____ Signature of Applicant_____

Name of Witness_____ Signature of Witness_____

To be completed if you are UNDER 18 years of age

Name of Applicant _____ Signature of Applicant_____

Name of Parent _____ Signature of Parent _____

Subscribed and sworn to before me this _____ day of _____ 20_____

(Public Notary) _____

My Commission Expires: _____

AUTHORITY FOR RELEASE OF INFORMATION

I, ,_____do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Harris County Sheriff's Office, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records (and copies of said records) of former employers, educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed, medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners and the U.S. Veteran's Administration, employment and pre-employment records, including background reports, efficiency ratings, complaints filed by or against me including without limitation any and all investigative files and records generated as a consequence of any such complaint, and the records and recollections of attorneys at law, or of other counsel whether representing me or another person in any case, either criminal or civil, in which I have, or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this authorization, will be considered in determining my suitability for employment by the Harris County Sheriff's Office. I also agree without reservation that any person(s) who furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I also agree to pay any and all charges or fees concerning or associated with this request, and can be billed for such charges at the below listed address.

A photocopy of this release form will be as valid as an original thereof, even though the said photocopy does not contain an toriginal writing of my signature.

To be completed if you are UNDER 18 years of age

Name of Applicant _____ Signature of Applicant _____

Name of Parent _____ Signature of Parent _____

Subscribed and sworn to before me this _____ day of _____ 20_____

(PublicNotary) _____

My Commission Expires: _____