



"An Internationally Accredited Agency"

COLUMBIA COUNTY SHERIFF'S OFFICE

Clay N. Whittle, Sheriff

2273 County Camp Road
Post Office Box 310
Appling, Georgia 30802 -0319
(706) 541-1043

EXPLORER POST 63 APPLICATION

Name _____
First Middle Last

Address _____
Street

_____ City State Zip

Telephone No. _____
Home Cell Other

SSN: _____ Driver's License # _____ State: _____

Date of Birth: _____ Sex M F

Height: _____ Weight _____ Eyes _____ Hair _____

Parent's/Guardian's Name _____

Name of School _____ Grade _____

REFERENCES

List three adult references. Do not list relatives.

NAME	PHONE #	YEARS KNOWN

MEDICAL INFORMATION

Emergency Contact _____ Relationship _____

Emergency Contact Phone Number _____

Please list any illnesses, allergies, or injuries, etc.:

Authorization and Release

My signature on this application form attests to the fact that all information included is true to the best of my knowledge. I am aware that falsification on any part of this application form, or credentials, may disqualify me or result in my immediate dismissal, regardless of when discovered.

Furthermore, I hereby authorize the Columbia County Sheriff's Office, its agents or representatives, to contact any person or entity named on my application, and any attached credentials, for the purpose of confirming the information contained therein and/or obtaining other information which may be material to my qualifications. I also authorize the Columbia County Sheriff's Office to perform a criminal background investigation and driving history check. I hereby release the Columbia County Sheriff's Office, its agents, or representatives, and any entity providing information pursuant to this Authorization and Release of information, from all liability upon the provision of that information.

SIGNATURE: _____ DATE: _____

An Equal Opportunity Employer