SANGAMON COUNTY SHERIFF EXPLORER APPLICATION

Our mission is to develop future leaders within Sangamon County. The Explorer Program is designed to enhance interpersonal communication skills, build confidence, and foster shared understanding. The program will challenge youth with leadership opportunities, emphasize the importance of personal responsibility, teamwork, integrity, commitment, and character. We will seek out community service opportunities to positively impact the citizens of Sangamon County and enrich the lives of participants. Youth participating in this program will walk away more confident, well-rounded, and more mature candidates for a civilian law enforcement career – or any career path they choose.

Program Requirements:

- Be a resident of, or attend school within, Sangamon County
- Be between 14 and 20 years of age
- Have successfully completed 8th grade
- Be enrolled in high school, or college, with a minimum 2.5 GPA
- Be of good moral character
- Have a strong interest in law enforcement
- Demonstrate a willingness to participate and exercise leadership skills
- Complete the explorer application and submit required documents
- Submit to a background investigation

Selection for the Sangamon County Sheriff's Explorers is competitive and only a limited number of spots are available. Applicants are required to provide two character references, submit their most recent report card, and submit additional supporting documents. Please utilize the attached applicant checklist to ensure you have submitted all required documents. Incomplete applications will not be accepted.

The selection process generally consists of the following steps:

- 1. Application Review
- 2. Background Investigation
- 3. Oral Interview with Advisors
- 4. Appointment as a Probationary Explorer

Completed applications and supporting documents can be submitted any of the following three ways:

Mail: Sangamon County Sheriff's Office ATTN Deputy Matt Marass #1 Sheriff's Plaza Springfield, IL 62701 E-Mail: matthew.marass@sangamonil.gov

Drop-Off:

Applications in a sealed envelope can be dropped off at the Sangamon County Sheriff's Office Records Division Monday – Friday between the hours of 8:30AM and 4:30PM. The sealed envelope should be marked "ATTN Deputy Matt Marass".

SANGAMON COUNTY SHERIFF'S EXPLORER APPLICATION

EXPLORER APPLICATION CHECKLIST

(for applicant use only)

Completed Explorer Application
Signed Background Release Form
Signed Photo / Video Recording Consent Form
Current Copy of Academic Report Card (2.5 GPA required)
Copy of Driver's License / Identification Card (if applicable)
Letters of Recommendation (suggested)

SANGAMON COUNTY SHERIFF'S DEPARTMENT EXPLORER APPLICATION

SECTION I: PERSONAL INFORMATION

Last Name:		First N	lame:	Midd	Middle Name:		Suffix:
Sex:	Height:	Weight:	Hair Color:	Date	Date of Birth:		Age:
Do you hav	e a valid drive	er's license?	IL	Driver's	License	or ID Ca	ard Number:
Home Addr	ess: (N	lumber, Street, Ap	ot., City, State, Z	ip)		How lo	ng have you lived here?
Current Add	dress (if differ	ent from hom	IE): (Number, Stre	et, Apt., City	, State, Zip)	How lo	ng have you lived here?
Do you have foo	od or medical aller	gies? If yes, exp	olain:	Do you have tattoos?	any	If yes, Ex	xplain:
Contact Info							
Primary E-M	d of communication)	Home	Phone Nu	ımber:	Cell Phone Number:		
Emergency	Contact #1:						
Last N	Name:	First N	lame:	M	liddle Na	me	Suffix:
Home Addr	lumber, Street, Ap	ot., City, State, Z	ip)			Relationship to Explorer	
Home Phoi	ne Number:	Cell Phone	Number:		E	E-Mail A	ddress:
Emergency	Contact #2:						
Last Name		First N	lame:	М	Middle Initial:		Suffix:
Home Address: (Number, Str			ot., City, State, Z	ip)			Relationship to Explorer:
Home Phoi	ne Number:	Cell Phone	Number:		E	E-Mail A	ddress:

Section II: Background Questionnaire

Education Screening										
Are you currently enrolled in sc	hool?	you complete	leted 8 th grade? D			Do	Do you have a 2.5 GPA, or higher?			
Education History (List all schoo	ols you	have attende	ed st	arting w	ith th	e mos	t recen	t)	
School		S	shool Address				Dat	es Attei	nded	Grade
301001	School Address						Dat	es Allei	lueu	Completed
								to		
								to		
								to		
								to		
								to		
Work Experience (List all empl	overs	starting with	the	most rec	cent if	not a	nnlicah	de list"	NONE")
Employer #1 Information	List all Chipi	оустэ .	starting with	CITC I	11031100	Jene, n	1100	иррпсак	ic, iist	NONE /
Employer Name	Position	า	Dat	es E	mployed	d		Avg.	# hrs woi	rked per week
	7 0010101				to	<u></u>				·
Employer Addre	ess		Phone Numb	er		Supe	rvisor	Name		May we contact
ļ /										employer?
Employer #2 Information	Daaitian		De	4 F		1		۸۰۰-	4 h.u	
Employer Name	Position	1	Da	tes E	mployed to			Avg.	# nrs woi	rked per week
Employer Addre	200		Phone Numb		10	Cuno	ruicar	Nama		May we contact
Employer Addre	255		Phone Numb	lei		Supe	IVISOI	Name		employer?
Employer #3 Information							1			
Employer Name	Position	ion Dates Employed			Avg.	# hrs wo	rked per week			
					to					
Employer Addre	ess		Phone Number Supervise		rvisor	visor Name		May we contact employer?		
										. ,
Have you ever been fired or ask	ed to resign b	oy any <u>e</u>	employer? If ye	s, ex	plain in c	detail b	elow.			
			· · · · · ·		•					

Volunteer Experience	(Examples: Church organizations, charitable functions	. vouth outreach. etc.)						
Volunteer Experience #1	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Organization Name	Address	Phone Number						
Dates Volunteered	Organization Leader	Number of Hours Volunteered						
to	Organization Leader	ivaniber of flours volunteered						
	*:	and a supplication listed above.						
Provide a description of the du	ties, roles, and responsibilities you performed for the volunt	eer organization listed above:						
Valuateer Experience #2								
Volunteer Experience #2	A .l .l	Dhara Norshan						
Organization Name	Address	Phone Number						
Data - Malionta - us d	Opporting Lands	North an efficient Valuate and						
Dates Volunteered	Organization Leader	Number of Hours Volunteered						
to	duties reles and responsibilities you performed for the valu	untage arganization listed above.						
Provide a description of the	duties, roles, and responsibilities you performed for the volu	nteer organization listed above:						
Volunteer Experience #3								
Organization Name	Address	Phone Number						
Organization Nume	/ (daress	Thore warrier						
Dates Volunteered	Organization Leader	Number of Hours volunteered						
to	Organization Leader	Number of flours volunteered						
**	ties, roles, and responsibilities you performed for the volunt	eer organization listed above:						
	, , , , , , , , , , , , , , , , , , , ,							
Additional Volunteer Inform	nation							
Have you ever been asked t	o leave, or not return, to a volunteer event?							
If yes, explain in detail belo	ν.·							
in yes, explain in detail below.								
Have you ever been a member of <u>any</u> explorer post before?								
If yes, what post did you belong to?								
Social Media Accounts	(List all social media sites you are on, i.e. Facebook, Twitter, T	ikTok, Snapchat, Instagram, etc)						
Name of Social Media Platfo		Do you actively post on this acct?						
		, , , , , , , , , , , , , , , , , , , ,						

Citations and Criminal Ch	arges (Disclose any/a	l traffic citations, ordinance violations, a	and criminal charges below)					
Citations and Criminal Charges (Disclose any/all traffic citations, ordinance violations, and criminal charges below) Offense #1 Information								
Offense	Were you arrested?	Law Enforcement Agency	Date of Offense					
		<u> </u>						
Explain in detail below: (include all charges, case num	ber if known, and a narrative describing	the incident)					
Offense #2 Information								
Offense	Were you arrested?	Law Enforcement Agency	Date of Offense					
Explain in detail below: (i	include all charges, case num	ber if known, and a narrative describing	the incident)					
Offense #3 Information								
Offense	Were you arrested?	Law Enforcement Agency	Date of Offense					
Explain in detail below: (include all charges, case number if known, and a narrative describing the incident)								
COLL								
Gang Affiliations								
		of a gang? (includes family, friends, and asso	ciates)					
If yes, explain your affiliation below in detail:								
Alcohol and Drug Use								
Have you ever knowingly used illegal narcotics or drugs?								
Have you ever knowingly used prescription medications <u>not</u> prescribed to you? Have you ever knowingly consumed alcoholic beverages?								
If you answered "YES" to any of the questions above, explain your answer below. List all substances and the last time you used them:								

Character References	(Include a <u>minimum</u> o	f two references. Examp	les include teachers,	coaches,	clergy, neighbors, etc.)	
Character Reference #1						
Name		Į.	Address		Phone Number	
Relationship	E-Mail	Address	Years Known	May	we contact this person?	
Character Reference #2						
Name		A	Address		Phone Number	
Relationship	E-Mail	Address	Years Known	May v	we contact this person?	
Character Reference #3						
Name		A	Address		Phone Number	
Relationship	E-Mail Address		Years Known	May we	e contact this person?	
Character Reference #4						
Name		A	Address		Phone Number	
Relationship	E-Mail	Address	Years Known	May	we contact this person?	
Character Reference #5						
Name		A	Address		Phone Number	
Relationship	E-Mail	Address	Years Known	May we contact this person?		
Utilize space below for	any additional o	comments:				

Section III: Program Acknowledgements

Acknowledgements (place your initials next to each section)	
Acknowledgement	Initials
All the information I have provided in this application is truthful and complete. I understand submission of false or deceptive statements may prevent my selection as an Explorer or be grounds for dismissal from the program at any time, upon appointment.	
I understand submission of this application alone does not guarantee acceptance into the Sangamon County Sheriff Explorer Post.	
I understand I may be added to a wait list, based off the availability of slots within the program, and will be contacted in the order in which applications are received.	
I understand if I am accepted into the explorer post I am expected to actively attend explorer functions and volunteer events. Failure to do so may result in my dismissal.	
I understand it is my responsibility to provide and/or coordinate for transportation to and from explorer events.	
I understand as an explorer I will be held to a higher standard. I understand I will be expected to conduct myself in a manner which reflects favorably upon the Sangamon County Sheriff's Office. Failure to do so may result in my dismissal at any time.	
I understand e-mail is the primary method of communication about upcoming meetings and other explorer events. I understand I am expected to monitor the e-mail address provided above for communications from explorer advisors and explorer leadership.	

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BACKGROUND RELEASE FORM

l, give pe	rmission to the Sangamon County Sheriff's
(Full Legal Name)	
Office and it's Agents to conduct a background investigat	ion to determine if I am a suitable candidate for
the Sangamon County Sheriff's Office Law Enforcement E	xplorer Post. The investigative inquiry may
include, but is not limited to criminal arrests, criminal co	victions, motor vehicle history, education
transcripts, and other reports of any nature and type, inc	luding information contained within the public
domain. These reports may contain information on my cl	naracter, work habits, performance, and
experience.	
I authorize, without reservation, all corporations, compar	nies, municipalities, persons, educational
institutions, law enforcement agencies, and former empl	oyers to release information they may have
about me and release them from all liability for doing so.	
hereby authorize an investigation of all statements mad	e by me with no liability arising there from.
Signature:	Date:
Printed Name:	_
-	
Printed Name of Parent/Guardian (if under 18):	
Signature:	
5.b.1.a.ca. 5.	

SANGAMON COUNTY SHERIFF'S EXPLORER APPLICATION

PHOTO/VIDEO RECORDING CONSENT FORM

l gran	t permission for the Sangamon County Sheriff's
(Full Legal Name)	
Office and their agents to photograph and video reco	ord my participation in explorer-related events. I
understand this material may be utilized to promote	the Sangamon County Sheriff's Explorer Program
on social media and the department's website.	
Signature:	Date:
Printed Name:	
Printed Name of Parent/Guardian (if under 18):	
Signature	