



Sheriff David M. Lucas
Belmont County Sheriff's Office
68137 Hammond Rd.
St. Clairsville, OH 43950
Sheriff's Office 740/695-7933



LAW ENFORCEMENT EXPLORER PROGRAM

Full Name: _____ DOB: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Belmont County Resident: Yes No If "Yes", how long: _____

What school do/did you attend: _____ Grade: _____

If graduated, when: _____ GPA/Honors: _____

Attending college: Yes No If "Yes", what college: _____

Degree/Major: _____ Start date: _____

Are you or have you been a member of the Boy Scouts of America: Yes No

If "Yes", BSA Council Name: _____

Have you ever applied to a Law Enforcement Explorer Program before: Yes No If "Yes", when, where and did you complete the training? _____

Have you ever been denied attendance at a Law Enforcement Explorer Program before: Yes No If "Yes", why?: _____

BACKGROUND

Please explain why you wish to participate in the Belmont County Sheriff's Office Explorer Program:

Have you ever been charged with a delinquency as a minor OR have you ever been arrested for, convicted of or cited with any offense (other than a traffic fine of \$200 or less) as an adult? If "Yes", please explain on a separate piece of paper the charge/arrest in detail including dates, locations, and court disposition of charge or arrest.

Have you ever been formally disciplined at school/college? If "Yes", please provide details of actions that gave rise to the discipline, name of school/college, dates and disposition.

EMPLOYMENT

Name of employer (if employed): _____

Employer address: _____

Your Title: _____ Dates employed: _____

Supervisor: _____

REFERENCES

Personal Reference #1 Name: _____

Address: _____

Phone Number: _____ Email Address: _____

How do you know this person: _____

_____ How long have you known them _____

Personal Reference #2 Name: _____

Address: _____

Phone Number: _____ Email Address: _____

How do you know this person: _____

_____ How long have you known them _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone number: _____ Second phone number: _____

I swear or attest that the information I have provided in this application is true and accurate to the best of my knowledge and belief.

Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Persons convicted of any felony, domestic violence, sex-related offenses or crimes of moral turpitude may be precluded at the sole discretion of the BCSO. Other arrests/convictions will be considered on a case by case basis. BCSO reserves the right to deny admission to its Explorer Program.

