



SANFORD POLICE EXPLORERS
POST #516
SANFORD POLICE DEPARTMENT
815 SOUTH FRENCH AVENUE
SANFORD, FL 32771



Explorer Contract

I _____ do agree by signing this contract to comply and follow all **rules** and **regulations** of the Sanford Police Explorers. I also agree that the Senior Advisor can at any time terminate me from the Explorer Program if I fail to follow all written **rules** and **regulations**. I also understand that my parents can withdraw me at any time if I fail to meet any of my school work or required work at home. I will also be at all Explorer **meetings** and **details** on time. I realize that all meetings are every **Thursday** night at **1830 hours**, while the supervisors commence at **1800 hours** and may be subject to change at the Senior Advisor's discretion. It is my responsibility to call my squad supervisor if I have any questions or concerns about meetings or details. I give the Senior Advisor, Explorer Advisor, or any Explorer Supervisor my permission to discipline me by way of performing calisthenics (exercise) if I violate any rules. I will be courteous to all Advisors, Explorer Supervisors, Officers, and Civilians. I know that since I have become a Sanford Police Explorer that I am expected to be of good moral character and that I will always be on my best behavior while in the public eye no matter if I am in uniform or not. I also agree that every nine weeks I will provide my report card to the senior advisor and that I must maintain a 2.0 average while in school. I also agree that at any time if I am stopped by any law enforcement officer, no matter if it is to assist them or if I am under investigation, I will contact the senior advisor within **24 hours** of such stop (stop meaning: traffic stop, while walking down the street, at home, at someone else's home, etc).

Explorer Signature: _____

Explorer Parent or Legal Guardian Signature: _____

Advisor Signature: _____

Date: _____