

East Baton Rouge Parish
Junior Deputy



2018

Application Packet
Sheriff Sid J. Gautreaux, III

Captain Randy M. Aguilard

Program Director
raguilard@ebrso.org

Junior Deputy Membership Rules

All members of the Junior Deputy Program must adhere to the following rules.

1. Reside within East Baton Rouge Parish, unless a relative of Commissioned Law Enforcement Officer.
This can be a Regular, Reserve, Flotilla, Retired, or Deceased Officer.
2. Be of good moral character and maintain a “clean-cut” appearance at all times.
3. Maintain at least a 2.0 Grade Point Average (C) in school.
4. Be polite, courteous, truthful and helpful at all times while being a Junior Deputy.
5. Must not use foul or obscene language.
6. Show respect towards other people.
7. Follow all safety / responsible directions given by Junior Deputy Staff Member.
8. Be respectful of other people’s property.
9. Exercise care and caution at all times, especially while on the Rifle Range.
10. Be arrest free, alcohol free, tobacco free, and drug free.

Violation of these rules will be grounds for TERMINATION OF MEMBERSHIP.

Junior Deputy Application Instructions

1. The Application Packet consists of the **Application Form, Authorization for Medical Treatment of a Minor Form, a Hold Harmless and Release Form, and a Photo Release Form**. The additional forms are to be kept by the Junior Deputy Applicant, as they are required to adhere to the rules and guidelines.
2. All areas are to be completed by the *Applicant's Parent / Guardian*. The *Junior Deputy Applicant* must sign the **Application Form** and the **Hold Harmless and Release Form** in the space designated as the Junior Deputy Applicant's Signature.
3. A copy of the Applicant's **Birth Certificate** and copy of the most recent **Report Card or Progress Report** must be included with the Application Packet.
4. The **Authorization for Medical Treatment of a Minor Form** and the **Hold Harmless and Release Form** are both legal documents *and must be notarized*. The **Photo Release Form** must also be *signed* and returned.
5. There is a \$35.00 Membership Fee, which is non-refundable, for each applicant. This Membership Fee will be required for each session in which the Junior Deputy attends. Only Cashier's Checks and Money Orders will be accepted. They must be made out to the East Baton Rouge Parish Sheriff's Office. Cash and personal checks will not be accepted.
6. An applicant must be sponsored into the Junior Deputy Program, either by the Sheriff, an East Baton Rouge Parish Deputy Sheriff, a Member, in good standing of the Junior Deputy Program, or any Former Member of the Junior Deputy Program.
7. The completed Application Packet (*Green Forms*), with birth certificate, copy of the most recent report card or progress report, indicating a minimum of a 2.0 G.P.A. (C Average), proper notarizations, and membership fee is to be forwarded or mailed to:

Captain Randy M. Aguillard
Junior Deputy Program Director
East Baton Rouge Parish Sheriff's Office
PO Box 3277
Baton Rouge, La. 70821
Phone: 239-7846
E-Mail: raguillard@ebrso.org

East Baton Rouge Parish Junior Deputy
Application

PERSONAL

Name: _____
 First Middle Last

Address: _____ **City:** _____ **Zip:** _____

Phone: () _____ **Date of Birth:** _____ **Age:** _____

Race: _____ **Sex:** _____ **Hair:** _____ **Eyes:** _____ **Weight:** _____ **Blood Type:** _____

Driver’s License No: _____ **Social Security No:** _____

U. S. Citizen? _____ Applicant must attach a copy of Birth Certificate to this Form

Any Physical Limitations ? _____ **If so, explain:** _____

Mother’s Name: _____ **Phone Number:** _____

Father’s Name: _____ **Phone Number:** _____

Are you related to anyone employed by the East Baton Rouge Sheriff’s Office ? _____ **If so,**
Who ? _____ **Relationship:** _____

EDUCATION

School Presently Attending: _____ **Grade:** _____

You will be required to provide the East Baton Rouge Parish Sheriff’s Office with a copy of the most recent progress report, or report card, and must have and maintain a minimum of a 2.0 GPA (C-Average).
Do you agree to do so? _____ Applicant must attach a copy of the most recent Progress Report, or Report Card, to this form.

EMPLOYMENT

Place of Employment: _____

How long employed ? _____ **Number of hours worked per week ?** _____

Supervisor’s Name: _____ **Phone Number:** _____

ARREST RECORD

Have you ever been arrested for a misdemeanor or felony charge? Yes No

<u>DATE</u>	<u>CHARGE</u>	<u>ARRESTING AGENCY</u>

PERSONAL REFERENCES (Not relatives or employers)

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>How Long?</u>

It is understood and agreed by signing this application that any deliberate misrepresentation by me will be sufficient cause for cancellation of this application. My signature also insures that if accepted, I will obey all Federal, State, and Local laws, in addition to all Rules and Regulations of the East Baton Rouge Parish Junior Deputy Program. I consent to the release of information about my ability and fitness for Junior Deputy membership by employers, schools, law enforcement agencies, and other individuals and organizations to investigators of the East Baton Rouge Sheriff's Office. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

Junior Deputy Applicant's Signature E-Mail Address Date

Parent's Signature E-Mail Address Date

Junior Deputy Program Director

For Office Use Only

Date Received: _____ Completion of Background Check: _____

Approved For Membership: _____ Yes _____ No

Comments: _____

Date Applicant is notified of Acceptance or Denial: _____

Deputy making notification: (Print Name) _____

Signature of Deputy making notification: _____

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

I, being the custodial parent or legal guardian of _____,
Date of Birth _____, Social Security Number: _____ hereby
authorize any adult person to obtain medical treatment for the above named person, as such person
deems necessary. I hereby authorize any Hospital, Physician, EMT, Nurse, or any other health care
provider to provide any such medical treatment as requested or authorized by the holder of this power
of attorney. I do for myself, and my minor child release my attorney in fact any Hospital, Physician,
EMT, or Nurse for liability in acting hereunder.

Parent's or Guardian's Signature: _____

Parent's or Guardian's Printed Name: _____

Notary's Signature: _____

Notary's Printed Name: _____

Notary's Number _____ **Expiration Date** _____

IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Home Telephone: (____) _____ Cell Phone: (____) _____

Work Telephone: (____) _____ Other: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Insurance Company: _____

Policy Number: _____ Telephone: (____) _____

Address: _____ City: _____ State: _____

Primary Care Physician: _____

Address of Primary Care Physician: _____

Junior Deputy's Allergies:

Junior Deputy's Medication:

Junior Deputy's Past Medical History:

HOLD HARMLESS AND RELEASE

The undersigned, parents or guardians of _____, Date of Birth, _____, a member of the **East Baton Rouge Parish Junior Deputy Program / Explorer Post No. 734**, acknowledges, understands and assumes the risks arising out of the participation in the **East Baton Rouge Parish Junior Deputy Program / Explorer Post No. 734** and hereby releases, discharges, indemnifies and holds harmless the **East Baton Rouge Parish Sheriff's Office**, its employees, agents and assigns, specifically including any and all Deputy Sheriffs or personnel involved with the supervision and control of the **East Baton Rouge Parish Junior Deputy Program / Explorer Post No. 734**, from any liability, claims or demands of any kind whatsoever or of any nature for injury to the person or damage to the property of _____, his/her parents or guardians, siblings or heirs, which may arise from his/her participation in the **East Baton Rouge Parish Junior Deputy Program / Explorer Post No. 734**. This indemnity and hold harmless agreement shall be considered a complete and total waiver of any and all liability on the part of the **East Baton Rouge Parish Sheriff's Office**, its employees or agents, and particularly the Deputy Sheriffs engaged in the supervision and control as set forth hereinabove. This agreement was entered into freely, voluntarily and without duress.

Junior Deputy Applicant's Signature

Date

Parent's or Legal Guardian's Signature

Date

Notary's Signature _____

Printed Name: _____

Notary/Bar #: _____

Commission Expires: _____



SHERIFF

**East Baton Rouge Parish
Post Office Box 3277**

Baton Rouge, Louisiana 70821

SID J. GAUTREUX, III

PHONE 225-389-5000

SHERIFF & TAX COLLECTOR

www.ebrso.org

FAX 225-389-5032

RELEASE FOR USE OF PHOTOGRAPHS

I, _____, parent or legal guardian of _____, consent and authorize the East Baton Rouge Parish Sheriff's Office, its agents, employees, successors and assigns, to use and reproduce photographs of him/her taken at D.A.R.E. (Drug Abuse Resistance Education) program activities and Junior Deputy activities and possibly identify him/her by name in various publications and on internet sites promoting the D.A.R.E. program and the Junior Deputy program, including but not limited to newsletters, press releases, and brochures.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future.

I understand that I will not receive any fee or compensation for the use of the photograph(s), nor will I receive any royalty for the use of the photograph(s).

I hereby agree to release, defend, and hold harmless the East Baton Rouge Parish Sheriff's Office, its agents, employees, successors and assigns, from any and all claims and demands arising from or in connection with the use of any such photographs.

Signature of Parent or Guardian: _____

Address: _____

Telephone: _____

Date: _____