

# Central Ohio Public Safety Support VIPSS Youth



## Participant Information

Name				
Street Address				
City ST ZIP Code				
Home Phone		Cell Phone		
E-Mail Address				
School and Grade Level				
Birthdate ____/____/____	Age		<input type="checkbox"/> Male	<input type="checkbox"/> Female

T-shirt Size: Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_ XX-Large \_\_\_\_\_

## Parent/Guardian Information

Primary Guardian/Parent's Name	
Street Address	
City ST ZIP Code	
Home/Cell Phone	
E-Mail Address	
Additional Emergency Contact Telephone	

## Education and Training Background

Select the statement that best summarizes your interest in public safety (please select only ONE):

I am very interested in the public safety field and intend to pursue my dreams of one day becoming a \_\_\_\_\_.

I am very interested in the public safety field, but I'm not sure yet what job is right for me.

I do not yet know what career to pursue but I am willing to complete the Explorers Program to determine if the Public Safety Field is for me.

Name of High School			
Last Grade Completed		Current Grade Point Average	
Name of Trade School or College			
Last Grade Completed		Current Grade Point Average	

List any clubs or organizations of which you are a member:

**Criminal History:**

- 1. Have you ever been convicted/adjudicated of a felony or any sexual offense or offense of violence?  Yes  No
- 2. Have you been convicted/adjudicated of a drug related offense within one year of the filing of this application?  Yes  No

If you answered yes to one or both questions above, provide details below:

Charge or Law Violation	Location (City/State)	Disposition or Penalty	Date

**Essay Question**

I want to be a part of the Central Ohio Public Safety Support Explorer program because:

**Agreement and Signature:**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted into the VIPSS Youth program, I must attend all sessions entirely and successfully complete the on-line NIMS courses as required and explained during orientation. Further, I hereby release any photographs and mentions of my name as a participating student during the program to be used for VIPSS marketing purposes only.

Name (printed)	
Signature	
If under 18 years old, parent/guardian's signature	
Date	

Return Completed Application to: Sgt. Samuel Byrd  
 Franklin County Sheriff's Office  
 1945 Frebis Avenue  
 Columbus, OH 43206  
 Email: clbrown@franklincountyohio.gov  
 Fax: 614-525-3371

**FOR OFFICE USE ONLY**

Date Received	Date Reviewed	Status	Contact Type