

PAGE FIRE DEPARTMENT EXPLORER APPLICATION

Name _____ Age _____ DOB _____

Address _____ E-Mail _____

Home Phone Number _____ Cell _____

Parent Names: Explorer:
Father _____ Shirt Size S ___ M ___ L ___ XL ___

Mother _____ Short Size S ___ M ___ L ___ XL ___

Do you have any medical conditions we should be aware of?

Do you take any prescribed medications on a regular basis?

Why do you want to be an Explorer? _____

What type of Community Services have you been involved in (if any)?

Where do you go to school and what grade are you in?

What type of grades did you receive on last report card? _____

Parents Signature _____ Date _____ (under18)

Explorer Signature _____ Date _____

Advisor Signature _____ Date _____