

Explorer Post Application

Date: _____

Name: _____
Last First Middle

Address: _____
Street Apt. #

City State Zip Code

Email Address: _____ Date of Birth: _____

Age: _____ Sex: _____ Social Security #: _____

Driver's License #: _____ State: _____ Type: _____

Phone: Home _____ Cellular _____

Work _____ Pager _____

School: _____

Grade (circle one): Freshman Sophomore Junior Senior

Do you work? Yes No

If so, where? _____

Work Address: _____
Street City

Father's Name: _____
Last First Middle

Mother's Name: _____
Last First Middle

Emergency Contacts

Name	Relationship	Phone/ Pager Number

Have you been under the care of a physician in the past year? Yes No

If yes, please explain: _____

Do you have any physical impairments or needs? Yes No

If yes, please explain: _____

Allergies: _____

Blood type: _____

Physician's Name: _____ Phone: _____

Do you have any of the following medical disorders? (Circle Yes or No)

Eye trouble	Yes	No	Ear Trouble	Yes	No
Heart Trouble	Yes	No	Fainting Spells	Yes	No
Hemorrhoids	Yes	No	Asthma/ Hay Fever	Yes	No
Kidney Trouble	Yes	No	Blood Pressure	Yes	No
Allergies	Yes	No	Nervous Disorder	Yes	No
Back Trouble	Yes	No	Psychiatric Care	Yes	No
Skin Rash	Yes	No	Back Problems	Yes	No
Tuberculosis	Yes	No	Swollen Joints	Yes	No
Hernia	Yes	No	Diabetes (self)	Yes	No
Veneral Disease	Yes	No	Diabetes (family)	Yes	No
Menstrual Problem	Yes	No	Drugs (present)	Yes	No
Tumor/ Cancer	Yes	No	Drugs (past)	Yes	No

If you answered "yes" to any of the items, please explain the nature and include dates.

What illnesses have you had other than those listed above. Be sure to include dates.

Have you had any major surgeries or operations? Yes No

If so, please explain. Be sure to include dates. _____

Do you take medications daily? Yes No

If so, please list: _____

Have you ever been convicted of or plead nolo contendere to a Misdemeanor? Yes No

If yes, please explain: _____

Have you ever been convicted of or plead nolo contendere to a Felony? Yes No

If yes, please explain: _____

Have you ever been convicted of a DUI? Yes No

If yes, please explain: _____

Have you ever been treated for drug or alcohol abuse? Yes No

If so, please explain: _____

Character References

Name

Relationship

Phone Number

Why do you wish to become a member?

Do you have any other skills or qualifications that would benefit the Explorer Program?

I do hereby affirm that all answers to questions contained in this application are correct and true to the best of my knowledge. I hereby authorize any investigation of statements contained herein. I further understand that misrepresentation or omission of facts is cause for dismissal from the program. I also authorize the Gulf Breeze Volunteer Fire Department to verify my driver's license, police department records and references listed.

Signature

Date

Printed Name

I/ We the parent(s) of the foregoing applicant do hereby give our/ my permission for our child to participate in and with the Gulf Breeze Volunteer Fire Department's Explorer Program. I certify that my child is in good physical health and that he/ she has been examined by a licensed physician within the past year. I recognize that my child will be required to attend monthly meetings and training sessions.

Signature

Date

Printed Name

FOR OFFICE USE ONLY:

<u>Requirement</u>	<u>Date Completed</u>	<u>Approving Official</u>	<u>Unit #</u>
Driver's License Check	_____	_____	_____
Police Background Check	_____	_____	_____
References Checked	_____	_____	_____
Personal Interview	_____	_____	_____
Payment of Fees	_____	_____	_____
		Amount	_____

NOTES

