

Dunnellon Vol. Fire Rescue Explorers

JUNIOR FIREFIGHTER (Explorer)
APPLICATION FOR MEMBERSHIP

DATE: _____

NAME: _____
Last First Middle

HOME ADDRESS: _____
Number & Street City State Zip

HOME PHONE: _____ PARENTS WORK PHONE: _____

D.O.B. _____ AGE: _____ SEX: _____ S.S. # _____

DRIVERS LICENSE NO. : _____ STATE: _____

DATE OF LAST PHYSICAL: _____ ANY DISABILITIES: _____

IF YES GIVE DETAILS: _____

SCHOOL ATTENDING: _____ GRADE LEVEL: _____

LAST G.P.A. AND DATE : _____ / _____

ANY PREVIOUS FIREFIGHTING EXPERIENCE: _____
Yes or No

IF YES, GIVE DETAILS & LOCATION: _____

REFERENCES NOT RELATED: (THREE PERSONS)

	NAME	ADDRESS	CITY & STATE	PHONE #
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

I DO HEREBY SWEAR & AFFIRM THAT I WILL ABIDE BY THE BY-LAWS AND THE STANDARD OPERATING PROCEDURES OF THE DUNNELLON VOL. FIRE DEPT. AND OBEY THE OFFICERS IN CHARGE.

SIGNATURE OF APPLICANT

PARENT SECTION OF THE APPLICATION:

I DO HEREBY CONSENT TO DUNNELLON VOL. FIRE DEPT. FOR MY CHILD TO BE A MEMBER OF YOUR ORIGINATION. I ALSO WILL NOT HOLD THE DUNNELLON VOL. FIRE DEPT. OR THE CITY OF DUNNELLON RESPONSIBLE FOR ANY MISHAPS, INJURIES, ACCIDENTS OR DEATH OF MY CHILD IN PARTICIPATION AS A JUNIOR FIREFIGHTER.

DATE

PARENT SIGNATURE

YOUR CHILD WILL BE UNDER THE DIRECT SUPERVISION OF A TRAINED FIREFIGHTER