



Fire Explorer Post 211 PROGRAM APPLICATION



APPLICATION IS TO BE TYPEWRITTEN OR PRINTED LEGIBLY AND COMPLETELY IN BLUE OR BLACK INK. SUBMIT COPIES OF REQUESTED PAPER WORK ONLY, AS PAPERS WILL BE KEPT ON FILE AND NOT RETURNED.

EXPLORER INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	DOB (mm/dd/yyyy)
MAILING ADDRESS ()		CITY	STATE
HOME TELEPHONE	CELLULAR PHONE	EMAIL ADDRESS	

EMERGENCY CONTACT INFORMATION *(At least 2 contacts required)*

CONTACT #1 / LEGAL GUARDIAN	EMPLOYER NAME	HOME PHONE ()	WORK / CELL PHONE ()
CONTACT #2 / LEGAL GUARDIAN	EMPLOYER NAME	HOME PHONE ()	WORK / CELL PHONE ()
CONTACT #3	EMPLOYER NAME	HOME PHONE ()	WORK / CELL PHONE ()
CONTACT #4	EMPLOYER NAME	HOME PHONE ()	WORK / CELL PHONE ()

MEDICAL INFORMATION

PHYSICIAN	PHYSICIAN'S PHONE ()	INSURANCE NAME	POLICY NUMBER
MEDICAL HISTORY			
MEDICATIONS			
ALLERGIES <input type="checkbox"/> No Known Allergies			

CONSENT TO TREAT A MINOR *(IF UNDER 18 YEARS OF AGE)* MARK HERE IF OVER 18 YEARS OF AGE

(I) (We), the undersigned, parent(s) or guardian(s) of _____, a minor, do hereby authorize any employee of the Colton Fire Department as agent(s) for the undersigned to consent to an X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act and on the medical staff of any licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of my (our) aforesaid agent(s) to give specific consent to any and all said diagnosis, treatment or care which the aforementioned physician, in the exercise of his or her best judgment may deem necessary and advisable.

Signed at _____, California, on _____
CURRENT LOCATION – CITY DATE SIGNED

EXPLORER NAME (PRINT)	EXPLORER'S SIGNATURE
LEGAL GUARDIAN #1 (PRINT)	LEGAL GUARDIAN #1 SIGNATURE
LEGAL GUARDIAN #2 (PRINT)	LEGAL GUARDIAN #2 SIGNATURE
WITNESS (PRINT)	WITNESS SIGNATURE



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HOLD HARMLESS AGREEMENT

(I) (We) the parent(s) or guardian(s) of), _____, the undersigned, am a participant in the Fire Explorer Program hosted by the Colton Fire Department. I fully realize that it is necessary for me to undergo vigorous and strenuous physical exertion as a part of this training program. This strenuous work is a part of the dangerous and hazardous work of a firefighter and I understand and have been informed that this training may be detrimental to my physical health and well being. I hereby waive any and all claims/or causes of action for damages, attorney fees and court costs, against the City of Colton, and any officer, employee, or agent of the City of Colton, arising out of any and all personal injuries, illness or aggravation of any prior condition, suffered by me as a result of such training, instruction, or evaluations.

Furthermore, I shall hold the City of Colton and all officers, employees, and agents of the City of Colton harmless from all damages suffered by me and from any claims or causes of action for damages, including attorney fees and court costs, arising out of such training, instruction, or evaluations.

If I am a legal minor, my parent/legal guardian consents to my participation in the Fire Explorer Program and also agrees to and acknowledges the provisions of this agreement and indicates this consent, agreement, and acknowledgement with his or her signature(s) below.

This Hold Harmless Agreement binds me, my heirs, personal representatives, and executors.

Signed at _____, California, on _____
CURRENT LOCATION – CITY DATE SIGNED

EXPLORER NAME (PRINT) EXPLORER'S SIGNATURE

LEGAL GUARDIAN #1 (PRINT) LEGAL GUARDIAN #1 SIGNATURE

LEGAL GUARDIAN #2 (PRINT) LEGAL GUARDIAN #2 SIGNATURE

WITNESS (PRINT) WITNESS SIGNATURE

MEDIA AUTHORIZATION

I authorize the City of Colton Fire Explorer Post 211 to publish photographs in media publications such as the Post 211 website, Post brochures, Post Facebook page, Youtube.com, and any other Post approved media publications.

EXPLORER NAME (PRINT) EXPLORER'S SIGNATURE

LEGAL GUARDIAN NAME (PRINT) LEGAL GUARDIAN'S SIGNATURE

SAFETY GEAR ISSUANCE

I agree to return any and all safety equipment and uniform patch(es) assigned to me by the City of Colton Fire Department within one month of my resignation or dismissal from the Program. I realize that failure to do so could result in my financial responsibility for the equipment.

EXPLORER NAME (PRINT) EXPLORER'S SIGNATURE

LEGAL GUARDIAN NAME (PRINT) LEGAL GUARDIAN'S SIGNATURE

BACKGROUND RECORD

HAVE YOU BEEN CONVICTED OF A FELONY OR A MISDEMEANOR? IF YES, PLEASE EXPLAIN ON A SEPARATE PAPER.

OFFENSE LOCATION – CITY / STATE DATE OF OCCURENCE RESOLVED YES NO

OFFENSE LOCATION – CITY / STATE DATE OF OCCURENCE RESOLVED YES NO

CERTIFICATIONS / QUALIFICATIONS

SUCH AS FIRST AID, CPR, EMT, FIRE ACADEMY CERTIFICATIONS, HIGH SCHOOL DIPLOMA, ASSOCIATE'S DEGREE, BACHELOR'S DEGREE, ETC.



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EDUCATION MARK HERE IF HOME SCHOOLED

HIGH SCHOOL NAME	HIGH SCHOOL PHONE	CITY/STATE	<input type="checkbox"/> YES <input type="checkbox"/> NO	GRADUATED?	GPA
SCHOOL / COLLEGE NAME	SCHOOL / COLLEGE PHONE NUMBER	CITY/STATE	<input type="checkbox"/> YES <input type="checkbox"/> NO	GRADUATED?	GPA
SCHOOL / COLLEGE NAME	SCHOOL / COLLEGE PHONE NUMBER	CITY/STATE	<input type="checkbox"/> YES <input type="checkbox"/> NO	GRADUATED?	GPA

WORK HISTORY MARK HERE IF NEVER EMPLOYED

PLEASE PROVIDE WORK HISTORY IN CHRONOLOGICAL ORDER. ACCOUNT FOR ANY LAPSES IN EMPLOYMENT.

	DESCRIPTION OF DUTIES PERFORMED:	
JOB TITLE		
EMPLOYER NAME		
EMPLOYER ADDRESS		
SUPERVISOR NAME AND PHONE NUMBER		
EMPLOYED FROM	THROUGH	REASON FOR LEAVING

	DESCRIPTION OF DUTIES PERFORMED:	
JOB TITLE		
EMPLOYER NAME		
EMPLOYER ADDRESS		
SUPERVISOR NAME AND PHONE NUMBER		
EMPLOYED FROM	THROUGH	REASON FOR LEAVING

I (We), the undersigned, hereby certify that all information contained in this application is true and complete. I also understand that the information provided may be verified by the Colton Fire Department, and that any false information, omission or incomplete information may be cause for rejection of the application or discharge from Post 211. I also agree to abide by the Standard Operating Procedures (SOPs) that have been laid out by Post 211, as well as the expectations and guidelines of the Colton Fire Department. I realize that Post 211 reserves the right to modify the SOPs as is deemed necessary. By signing below, I acknowledge the expectations and understand that Post 211 is a voluntary program and my participation may be terminated at any time.

EXPLORER NAME (PRINT)	EXPLORER'S SIGNATURE	DATE
LEGAL GUARDIAN #1 (PRINT)	LEGAL GUARDIAN #1 SIGNATURE	DATE
LEGAL GUARDIAN #2 (PRINT)	LEGAL GUARDIAN #2 SIGNATURE	DATE

OFFICIAL USE ONLY
APPROVED BY: _____ **DATE:** _____