



NORTHSHORE FIRE PROTECTION DISTRICT



FIRE EXPLORER APPLICATION

THIS PACKET CONTAINS INSTRUCTIONS FOR
THE CADET PROGRAM AND THE FORMS NECESSARY TO APPLY

FORMS
APPLICATION
EMERGENCY INFORMATION
RELEASE
BSA APPLICATION



NORTHSHORE FIRE PROTECTION DISTRICT CADET PROGRAM



GOALS OF THE PROGRAM:

1. Provide opportunity for individuals 15 to 18 yrs.to get involved in the fire service and the community.
2. Jump start your career in the fire service.
3. Provide training that will assist individuals in making life decisions towards a career in the fire service.

ACTIVITIES OF THE PROGRAM:

1. Instruction in First Aid and CPR
2. Firefighter basic training in at least 28 subject areas.
3. Learn basic Ropes and knots.
4. Station Ride-A-Longs

OTHER ACTIVITIES:

1. Meet twice a month, first Tuesday and third Saturday from 2-4 hrs
2. Many community events, Avenue of the Flags, Wreaths Across America, Heroes Health Fair, Christmas Events.

YOUR RESONSIBILTY AS A EXPLORER:

1. Show up when scheduled
2. Follow rules
3. Be involved, you get out what you put in !!!!
4. Be responsible for your actions.
5. Serious approach, also have fun.
6. Uniforms are required. Navy Blue Pants, black boots, shirts and sweatshirts are provided along with all protective gear.



NORTHSHORE FIRE EXPLORER APPLICATION



The Emergency information sheet, copy of driver's license and copy of school transcripts must accompany this application

LAST NAME: _____

FIRST NAME: _____

ADDRESS: _____

E-MAIL: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____

CELL PHONE: _____

DATE OF BIRTH: _____

T'SHIRT SIZE: _____

DRIVERS LICENSE #: _____

HIGH SCHOOL: _____

COUNSELOR: _____

DO YOU HAVE ANY FIRE SERVICE OR EMS EXPERIENCE _____

HEALTH INSURANCE COMPANY INFORMATION _____

All applicants must be at least 15 years old. All the information included on this application must be true and accurate. The Northshore Fire Protection District reserves the right to reject or accept any application for it's Explorer Program.

APPLICANTS SIGNITURE: _____ DATE _____

PARENT/GUARDIAN SIGNATURE: _____ DATE _____



NORTHSHORE FIRE EXPLORER APPLICATION



EMERGENCY INFORMATION SHEET:

PLEASE CLEARLY PRINT ALL INFORMATION:

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____

In case of emergency, whom shall we contact?

Name, Relationship, Phone

1. _____
2. _____
3. _____

Medical Conditions:

_____ Cardiac/Heart

_____ Asthma/Respiratory

_____ Diabetes

_____ Vision/Hearing

_____ Other _____

Do you have any allergies: ___ Yes ___ No What are you allergic to? _____

Note: Certain activities throughout the Explorer Program may involve a moderate degree of physical exertion. It is recommended that participants with any of the above-mentioned conditions check with their physician prior to participating in the program. Participation in any portion of the program is purely voluntary and shall no be considered a requisite for acceptance.



NORTHSHORE FIRE EXPLORER PROGRAM



RELEASE AND INDEMNIFICATION

For and in consideration of my participation in the Northshore Fire Explorer Program, I hereby agree to release, indemnify and hold the district, its officers, agents, employees and all personnel free, harmless and indemnified from any and all liability whatsoever for any injuries, damages and claims that I or my heirs, successors, assigns or agents may sustain arising out of my participation in the Explorer Program conducted by the district.

Applicant Signature:

Print Name

Parent/Guardian Signature

Signed this _____ Day of _____, 20 _____

