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

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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