



# FULLERTON FIRE DEPARTMENT

## EXPLORER POST 1908 APPLICATION

312 E. Commonwealth Ave. Fullerton, CA 92832

(714) 738-6500



**INSTRUCTIONS: All answers must be typed or legibly printed. Each question on this application must be answered, leaving no blanks. If the questions does not apply to you, enter "DNA" in the space provided for the answer. Any false statement made in this application will result in the applicant's name being removed from the eligibility list or cause for immediate dismissal if an appointment has been made.**

### PERSONAL INFORMATION

FULL NAME:

ALIASES OR NICKNAME:

ADDRESS:

PHONE NUMBER:

MAILING ADDRESS:

DATE OF BIRTH:

CITY & STATE OF BIRTH:

GENDER:

AGE:

HEIGHT:

WEIGHT:

HAIR COLOR:

EYE COLOR:

I RESIDE WITH:

FATHER

MOTHER

STEPFATHER

STEPMOTHER

OTHER:

PARENT/GUARDIAN NAMES:

PERSON TO NOTIFY IN THE EVENT OF EMERGENCY:

PHONE NUMBER:

### REFERENCE INFORMATION

**(LIST THREE REFERENCES OTHER THAN RELATIVES OR PAST EMPLOYERS)**

NAME:

PHONE NUMBER:

HOW DO YOU KNOW THIS PERSON:

YEARS KNOWN:

NAME:

PHONE NUMBER:

HOW DO YOU KNOW THIS PERSON:

YEARS KNOWN:

NAME:

PHONE NUMBER:

HOW DO YOU KNOW THIS PERSON:

YEARS KNOWN:

### SCHOOL INFORMATION

SCHOOL NAME:

SCHOOL ADDRESS:

(NUMBER & STREET) (CITY) (STATE) (ZIP CODE)

GRADE POINT AVE.:

CURRENT GRADE LEVEL:

DATES OF ATTENDANCE:

TO

HAVE YOU EVER RECEIVED A REFERRAL OR DETENTION FROM SCHOOL?

YES

NO

(IF YES, EXPLAIN ON SEPARATE SHEET)

HAVE YOU ATTENDED MORE THAN ONE HIGH SCHOOL IN THE PAST TWO YEARS?

YES

NO

**PLEASE ATTACH A COPY OF YOUR MOST RECENT REPORTCARD FROM SCHOOL.**



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## EMPLOYMENT INFORMATION

EMPLOYER'S NAME:	PHONE NUMBER:
JOB TITLE:	NUMBER OF HOURS WORKED PER WEEK:
BRIEFLY DESCRIBE DUTIES:	

## TRAFFIC INFORMATION

CA DRIVER LICENSE #:	CLASS OF LICENSE:	EXPIRATION DATE:		
VEHICLE INFORMATION:	YEAR:	MAKE:	MODEL:	LICENSE PLATE #:

## ARREST INFORMATION

HAVE YOU EVER BEEN DETAINED FOR INVESTIGATION, HELD ON SUSPICION, OR ARRESTED BY ANY LAW ENFORCEMENT AGENCY?	
YES	NO (IF YES, EXPLAIN ON SEPARATE SHEET)
HAVE YOU EVER BEEN ARRESTED FOR ANY TRAFFIC VIOLATION?	
YES	NO (IF YES, EXPLAIN ON SEPARATE SHEET)

**IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS 'YES', LIST THE INFORMATION REQUESTED BELOW.**

DATE:	CHARGE:	ARRESTING AGENCY:	PENALTY:
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REMARKS:
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*By submitting this application to the City of Fullerton Exploring Program, we understand that any appointment tendered will be contingent upon the results of a thorough character and fitness investigation conducted by the Fullerton Fire Department. This investigation may include, but is not limited to, criminal record checks by computer, contacts with official law enforcement agencies, personal references, employers (past and present), and officials of schools of attendance. We are aware any false statements made on this application will cause the applicant to be removed from further consideration for membership. We hereby waive any claim against the Fullerton Fire Department, its officers and employees, the Director of Fire Services, and all members of the Fullerton fire Department for pursuing an aggressive detailed background investigation into the applicant for Fire Explorer. We understand that such investigation shall remain confidential whether or not the applicant is allowed membership as a Fullerton Fire Explorer.*

EXPLORING APPLICANT'S SIGNATURE:	DATE:
PARENT/LEGAL GUARDIAN'S SIGNATURE:	DATE:

Date\_\_\_\_\_



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## Approval and Consent by Parent or Legal Guardian

First Name of Explorer\_\_\_\_\_MI\_\_\_\_Last Name\_\_\_\_\_

Address\_\_\_\_\_Birth Date (00/00/0000)\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip Code\_\_\_\_\_

## Explorer Participation Agreement

The undersigned "Participant" (herein Explorer) has my approval participate in the City of Fullerton Fire Explorer Program from now until the end of December following his or her 21st Birthday. I may reject this permission at any time by submitting a written notification to the City of Fullerton Fire Department.

If a letter is submitted to reject this permission, the Fire Department will send the letter provider a confirmation acknowledging the receipt of the letter.

## Hold Harmless Agreement

I understand that participation in the Fire Explorer Program involves activities which by nature include a certain degree of risk. I have carefully considered the risk involved and hereby give my consent for my child to participate in the activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the City of Fullerton, Fullerton Firefighters Association, Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation. In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached or if the emergency requires immediate treatment, I hereby give my permission to the Explorer Advisor in Charge to secure proper emergency treatment, transportation and any other needed treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the Explorer Advisor in Charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Participant's Name\_\_\_\_\_

Medical Insurance Company\_\_\_\_\_Policy No.\_\_\_\_\_

Physician\_\_\_\_\_Phone No.\_\_\_\_\_

Allergies\_\_\_\_\_Medical Problems\_\_\_\_\_

Parent/Guardian Name (Printed)\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_

## EMERGENCY CONTACTS:

NAME:	RELATIONSHIP:	PHONE NUMBER:
NAME:	RELATIONSHIP:	PHONE NUMBER:
NAME:	RELATIONSHIP:	PHONE NUMBER:

**PLEASE FORWARD ANY QUESTIONS OR CONCERNS TO EXPLORER ADVISOR LOUIE ARIAS 714-390-5239.**