



SOUTH WINDSOR VOLUNTEER FIRE DEPARTMENT

COMPANY 5 / EXPLORER POST 838

MEMBERSHIP APPLICATION

Today's Date: _____

Applicant's Name: _____

Date of Birth: ____/____/____ (mm/dd/yyyy)

Driver's License Number and State (if you drive): _____ (**Attach Copy**)

Home Address: _____

City, St, ZIP: _____

Home Phone: _____ Cell Number: _____ (if any)

E-mail: _____

Alternate Address (if needed): _____

Alternate Phone: _____

PARENT / GUARDIAN INFORMATION

Name(s): _____

Phone
Home: _____

Work: _____ Cell: _____

Emergency Contact (if different):

Name: _____ Phone number: _____

Relation to you: _____

Are you related to a member of South Windsor Fire Department? Yes No

If yes, who? _____

MEDICAL INFORMATION

Your Doctor's Name and Phone:

Are you on any Medications? NO YES (List below and what is being treated)

Are you allergic to anything? NO YES (List Below)

Do you have any limitations (physical, medical, psychological) that could prevent you from performing the duties of an Explorer? NO YES, explain

List any accommodations or adaptations you might need to perform your duties:

BACKGROUND INFORMATION

What experience if any do you have related to the fire service?

What interests you the most about becoming involved with South Windsor Fire Department? (Use the back of this page if necessary)

Are you able to attend meetings and training on a regular basis (Monday nights from 7-9pm)?

Yes No If not, why? _____

Have you ever been arrested, ticketed, fined, etc? (Felonies, Traffic Tickets, Misdemeanors, etc)

No Yes If yes, list the date(s) and charge(s):

PARENTAL / GUARDIAN CONSENT

My son/daughter _____ has my permission to be an Explorer with the South Windsor Volunteer Fire Department. I give my consent to allow them to be an Explorer and do not hold the South Windsor Volunteer Fire Department or Town of South Windsor responsible for any actions caused by my son/daughter that is not under the direction of an Advisor / Officer.

Explorer Signature and Date

Parent/Guardian Signature and Date

CONTRACT OF UNDERSTANDING

I and my son/daughter have read ALL of the Explorer Code of Conduct and Explorer Guidelines and understand the guidelines set up to outline the purpose of the Explorer Post. I and my son/daughter understand that Explorers serve as supporters of the South Windsor Volunteer Fire Department to learn the basics of Firefighting and to prepare to become a full member at the age of 18. I and my son/daughter understand that Explorers are to follow all instructions from members of the South Windsor Volunteer Fire Department and that the general standard of conduct is to act in the manner of a professional. I and my son/daughter understand that he/she is expected to be courteous and respectful of all other members (Explorers and Regular) and to all citizens as they are representing the South Windsor Volunteer Fire Department. I and my son/daughter understand there is a "zero tolerance" policy regarding drug and alcohol use. I and my son/daughter understand that by signing this application we are declaring that any violation of the Code of Conduct and/or Guidelines is grounds for immediate dismissal. I and my son/daughter understand that any acts that violate the guidelines and that are illegal by state law will be referred to the South Windsor Police Department

Explorer Signature and Date

Parent / Guardian Signature and Date

SWVFD DEPT USE ONLY:

_____ Date received

_____ Interview

_____ Approved

SWVFD Advisor / Officer

Date