Explorer Candidate Information

Candidate Name: _____ Date: _____

Address: _____

Birthdate: _____ School Attending: _____ or ☐ HS Graduate

Phone:_____ Type: ☐ Home ☐ Personal ☐ Parents ☐ Other: _____

Email: _____

Preferred contact method: ☐ Phone ☐ Text ☐ Email ☐ Other: _____

Father's/Guardian's Name: _____

Mother's/Guardian's Name: _____

Father's/Guardian's Phone_____ Emergency Contact? Yes, 1st Contact

Mother's/Guardian's Phone_____ Emergency Contact? Yes, 1st Contact

Additional Emergency Contacts:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Preexisting Medical Conditions:_____

Physician: _____ Phone:_____

Special Medical Directives/Limitations: _____

_____

OFFICE USE ONLY:

Application Received: _____ Interview Date: _____

Orientation Date: _____ Eligible Date: _____

Mile Run Time: _____ Accepted Date: _____

Physical Agility Time: _____ Rejected Reason: _____

Explorer Candidate Parental Authorization

Candidate Name: _____ Date: _____

Parent/Guardian Name: _____ Relationship: _____

(If candidate is 18 years or older, they may complete the waiver and sign themselves)

Please initial:

_____The candidate does not have any physical or mental conditions that would limit his/her safe participation in the Fresno Fire Explorer Program.

_____The candidate has recently been seen and is under the care of a licensed doctor and has not be given any medical diagnosis which would limit his/her safe participation in the Fresno Fire Explorer Program.

_____The candidate is at least 14 years of age and have completed the 8th grade and not yet age 21.

_____The candidate has and will maintain a minimum 2.0 (C) grade point average and a passing in all subjects through the completion of the 12th grade.

_____The candidate understands that all gear, badges, and equipment issued by the Explorer Post are the property of the Fresno Fire Department, and must be returned to the Post upon completion/termination from the program.

_____The candidate understands the failure to meet attendance requirements or failure to uphold the rules and regulations of the Fresno Fire Explorer Program can result in the dismissal of the candidate from the program.

Signature: _____ Date: _____

Explorer Candidate Medical Authorization

(If candidate is 18 years or older, they may complete the waiver and sign themselves)

(I) (We), the undersigned, parent's or legal guardian of _____ a minor, do hereby authorize the Fire Chief of the Fresno Fire Department, one of his employees, as agents for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the medical practice act, whether such diagnosis or treatment rendered at the office of said physician or at a hospital, and any special medical directives noted below under "MEDICAL DIRECTIVES" by the undersigned. In the event of any injury whereby medical attention at the scene of the accident is deemed necessary by said agents or paramedics or emergency medical technicians called to the scene, {I) (We) further authorize said agents to consent on (My) (Our) behalf to treatment at said scene by said paramedics or emergency medical technicians.

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 our aforesaid agents to give specific consent to any and all diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his/her best judgment may deem advisable, as long as the medical directives are abided and followed.

THIS AUTHORIZATION IS GIVEN PURSUANT TO THE PROVISIONS OF SECTION 25.8 OF THE CIVIL CODE OF CALIFORNIA.

Signature: _____ Date: _____

Printed Name: _____ Relationship: _____

Medical Directives: _____

Explorer Candidate Academic Verification

(If Candidate has completed High School no form is required

Candidate Name: _____ Date: _____

Address: _____

School Attending: _____

Current grade: _____ Scheduled to graduate high school in _____ (year)

School's Representative Name: _____

Title: _____

School's Representative contact phone or email: _____

Verification Statement:

I nearby certify that the candidate named above is maintaining a 2.0 GPA or better and has a passing grade in all classes, allowing him to participate in the Fresno Fire Explorer Program.

Signature: _____ Date: _____

Candidate Signature: _____ Date: _____

***Form is to be printed, signed and returned to the Post prior to participating in any activity.**

Any questions or comments can be directed to a Fresno Fire Explorer Advisor at (559) 621-4000 or email recruitment@ffdexplorers.com