

**SHAWNEE VOLUNTEER FIRE COMPANY, INC.**  
**Application For Explorer Post Membership**

Date: \_\_\_/\_\_\_/\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Sex (Circle One): M / F Date of Birth: \_\_\_/\_\_\_/\_\_\_

Parents/Guardians Name: \_\_\_\_\_

Parents/Guardians Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Alternate Phone/Pager #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Applicants Current School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Were you ever a member of another Explorer Post or Jr. Fireman Program: Y / N

If yes, list name of organization: \_\_\_\_\_ Contact Person: \_\_\_\_\_

All applicants need to list two references

1. Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Relationship: \_\_\_\_\_

In case of **Emergency** notify:

1. Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Relationship: \_\_\_\_\_

Medical History/Information:

Applicants Doctor: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Upon membership a full physical examination is required.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

The Explorer Post will provide adult advisors to chaperone all events. If your parent or guardian would be interested in chaperoning any events please leave a number where they can be reached.