



Keizer Fire District Explorer Post 350 Membership Application

Please Print or Type

Fill Out Completely

Name: _____
Last First Middle Nickname

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (If Different): _____

Home Phone Number: _____ Cell Phone Number: _____

Age: _____ Email Address: _____

School Attending: _____ Grade: _____

Father/Guardian's Name: _____ Phone: (if different) _____

Employer: _____ Work Phone: _____

Mother/ Guardian's Name: _____ Phone: (if different) _____

Employer: _____ Work Phone: _____

Please Do Not Write In This Space – Office Use Only

Application Received: _____ Received By: _____

Oral Interview Attended: _____ Accepted: _____ Not Accepted: _____



Yes No

Do you drive?

Driver License Number: _____

Do you have access to an automobile?

Are you currently a member of the Boy Scout of America?

Are you employed part-time or full-time?

Name of Employer: _____

Position Held: _____

What are your favorite sports and hobbies? _____

What are your plans after High School? _____

General Medical Information

Name of personal physician: _____ Phone: _____

Personal Insurance Carrier: _____ Policy #: _____

Does the applicant have any medical conditions that may affect or limit full participation in strenuous physical activities:

Please read carefully and sign below

- ✓ Members of Explorer Post 350 must be between the ages of 14 years and 20 years of age and must have completed the eighth grade.
- ✓ Membership priorities are given to young adults who live, work, or attend school within the boundaries of the Keizer Fire District.
- ✓ Members of Explorer Post 350 must be in good standing in the community.
- ✓ Members of Explorer Post 350 must maintain a G.P.A of 2.5 to be an active member of the Post.
- ✓ Members of Explorer Post 350 must be active in **all** aspects of the Post.

By my signature below, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application will be rejected or my status as a member of Explorer Post 350 will be terminated.

I also understand that I am responsible for maintaining all equipment issued to me by the Keizer Fire District. I further understand that all said equipment must be returned to the Keizer Fire District upon the termination of my involvement with Explorer Post 350. If I fail to return said items I understand I will be held financially responsible for the replacement cost said equipment.

Applicant Signature: _____

Date: _____

Parent Authorization

The health history provided is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

I also understand that my child and I are responsible for maintaining all equipment issued to my child by the Keizer Fire District. I further understand that all said equipment must be returned to the Keizer Fire District upon the termination of my child's involvement with Explorer post 350. If said equipment is not returned I understand my family will be held financially responsible for the replacement cost of said equipment.

Parent/Guardian Signature: _____

Date: _____