



Monmouth Fire Department Explorer Application



Please complete all information and have your parent or guardian sign.

Name: _____

Grade 9 10 11 12

Date of Birth: ____/____/____

Home Phone: (____) _____

Address: _____

Allergies / Medical Conditions / Limitations

Emergency Contact Information (Parent or Guardian)

Contact Name: _____

Home Phone: _____

Work Phone: _____

The Boy Scouts of America Health Insurance covers Explorers during all sanctioned activities. Additional information on BSA Health Insurance is available upon request.

Firefighting is physically demanding work that requires above average health and fitness levels. Therefore, health and fitness are important components of the Explorer Program. Training sessions will include regular physical fitness training and will incorporate firefighter skills that challenge physical fitness levels. Fitness evaluations will be performed once a year to help identify member's fitness strengths and weaknesses. Direction will be provided to help improve fitness levels.

Each Explorer session will include physical activity. All members are encouraged to visit their private physician for a medical exam to ensure it is safe to participate in this program. Members are expected to inform Explorer Advisors of existing medical problems (i.e. asthma, diabetes, etc.) that could affect participation. The information will be kept confidential.

Applicant Signature: X _____ Date: _____

Parent/Guardian X _____ Date: _____