

# ***PORT WASHINGTON FIRE DEPARTMENT***

## **EXPLORER POST 9110**

104 West Washington Street Port Washington, WI 53074

www.pwfd.org



## **EXPLORER POST APPLICATION**

**NAME** (LAST, FIRST, MI): \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **OTHER #:** \_\_\_\_\_

**EMAIL ADDRESS** (IF AVAILABLE): \_\_\_\_\_

**AGE:** \_\_\_\_\_ **DATE OF BIRTH :** \_\_\_\_/\_\_\_\_/\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**ARE YOU INVOLVED WITH EXTRA CURRICULAR ACTIVITIES?** (PLEASE LIST) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WHY ARE YOU INTERESTED IN BECOMING AN EXPLORER?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MAIN INTEREST IN THE EXPLORER POST IS:**                      **FIRE**                      **EMS**                      **BOTH**

**ARE YOU PLANNING ON BECOMING A FIREFIGHTER OR EMT WHEN FINISHING WITH THE EXPLORERS?** \_\_\_\_\_

\_\_\_\_\_

**EXPLORER APPLICANT SIGNATURE:** \_\_\_\_\_

**PARENT/ GUARDIAN SIGNATURE:** \_\_\_\_\_