



# SOUTHERN DALLAS COUNTY FIRE PROTECTION DISTRICT



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## FIRE RESCUE EXPLORER APPLICATION

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<b>Your Full Name (First, Middle, Last)</b> _____	<b>Date of Birth</b> ____/____/____	<b>Phone</b> ( ) _____ - _____
<b>Your Current Address (Number &amp; Street)</b> _____	<b>City</b> _____	<b>Zip Code</b> _____
<b>Parent or Legal Guardian Name</b> _____	<b>Phone</b> ( ) _____ - _____	<b>Do you have their permission to become a Jr. Firefighter ?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Parent or Legal Guardian Address</b> _____	<b>City</b> _____	<b>Zip Code</b> _____
<b>Emergency Contact Person</b> _____	<b>Relationship</b> _____	<b>Phone</b> ( ) _____ - _____
<b>List any medical conditions or allergies that you have:</b> _____ _____		
<b>Do you take medications?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If yes, list the medication and what it's for:</b> _____		
<b>Do you have any criminal history?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If yes, please explain:</b> _____		
<b>What is your GPA?</b> _____	<b>Do you have reliable transportation to Station 1 for meetings and events?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Do you have any physical impairments? (If YES, explain below)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>What other activities are you involved in, for example: sports, church, etc.?</b> _____	
<b>What interests you the most about becoming involved with the Jr. Firefighter Program?</b> _____		
<b>Your Signature: X</b> _____		<b>Date:</b> _____
<b>By signing below, I hereby give my consent for my child to become a Junior Firefighter, and will not hold SDCFPD responsible for any actions caused by my child while not under the direction of an Officer of SDCFPD.</b>		
<b>Parent/Guardian Signature: X</b> _____		<b>Date:</b> _____