

LEE FIRE & RESCUE DEPARTMENT
FIRE EXPLORER PROGRAM APPLICATION

Date	
Name	
SS#	
Home Phone	
Address	
Date of Birth	
Age	
Grade	
School	

Any allergies or medical conditions? Please describe.

What are your goals in becoming an Explorer?

PARENT or GUARDIAN

Name: _____

Phone (home): _____ Phone (work): _____

Address (if different from above): _____

Parent Signature: _____

OTHER EMERGENCY CONTACT

Name: _____

Phone: _____