



Vacaville Fire Department Explorer Program

Ages: 15-18

Membership Application

Due: Open Enrollment

INSTRUCTIONS: All answers are to be typed or printed legibly in ink. Each question on this form must be answered, leaving no blanks. If the question does not apply, enter "DNA" in the space provided for the answer. Any false statements made on this application will cause the applicant's name to be removed from the eligible list or be cause for immediate dismissal if an appointment is made.

PERSONAL INFORMATION

Full Name:					
Aliases or Nicknames:					
Residence Address:				Phone Number:	
Mailing Address:					
Personal Email:					
Date of Birth:			Place of Birth:		
Sex:	Age:	Height:	Weight:	Hair:	Eyes:
I live with:	Father	Mother	Stepfather	Stepmother	Other
Parent/Guardian Names:					
Person to Notify in Event of Emergency:				Phone Number:	

SCHOOL INFORMATION

School Name:			Counselor's Name:		
School Address:					
GPA:	Current Grade Level:		Date of Attendance:		to
Have you ever received a referral or detention from school? Yes No					
Have you attended more than one high school in the past two years? Yes No					
PLEASE ATTACH A COPY OF YOUR MOST RECENT REPORT CARD FROM SCHOOL					

EMPLOYMENT/CLUBS/SPORTS/OTHER GROUP ACTIVITIES INFORMATION

Please provide additional sheets to describe your employment/clubs/sports/other group activities if necessary

Employer's Name:			Phone Number:		
Your Job Title:			Number of Hours per Week:		
Briefly describe duties:					
Club Name:					
Briefly describe duties:					
Sports:					
Briefly describe activities:					
Other Group Activities:					
Briefly describe duties:					

TRAFFIC INFORMATION

CA Driver's License #:		Class of License:	Expiration Date:
<i>List below every driver's license you have possessed</i>			
State	Number	Approximate Issue Date	Approximate Expiration Date

CRIMINAL RECORD

Have you ever been detained for investigation, held on suspension, or arrested by any law enforcement agency?	Yes	No
Have you ever been arrested for any traffic violation?	Yes	No
If marked yes to any of the above questions please explain:		

I am aware any false statement made on this application will cause my application to be removed from further consideration for membership.

I hereby waive any claim against the City of Vacaville Fire Department, its officers and employees, the Head of Explorer Post and all members of the City of Vacaville Fire Department for pursuing an aggressive and detailed background investigation into the applicant for Fire Explorer. I understand that such investigation shall remain confidential whether or not the applicant is allowed membership as a City of Vacaville Fire Department Explorer.

Date:_____ **Explorer Applicant's Signature**_____

Date:_____ **Parent/Legal Guardian's Signature**_____

Please submit completed forms and additional paperwork to Fire Administration located at City Hall (650 Merchant Street – Vacaville, CA 95688) or email to Terri.Sanner@CityofVacaville.com