

## **Bolton Fire Department Explorer Post 832 Application**

Explorer Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_  
School: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_

Medical History: \_\_\_\_\_

Allergies: \_\_\_\_\_

Daily Meds: \_\_\_\_\_

Personal Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Hobbies: \_\_\_\_\_ Sports: \_\_\_\_\_

Interest: \_\_\_\_\_ Fears: \_\_\_\_\_

### **Person to Notify:**

Mother: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_

(W): \_\_\_\_\_ Company Name: \_\_\_\_\_

Father: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_

(W): \_\_\_\_\_ Company Name: \_\_\_\_\_

Other: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_

(W): \_\_\_\_\_ Company Name: \_\_\_\_\_

Explorers under the age of 18 need parents permission.

I \_\_\_\_\_ give my son/daughter \_\_\_\_\_ permission to join and take part in training with Bolton Fire Department Explorers Post 832 program. By signing bellow I indicate that all of the above information is true to the best of my knowledge. My son/daughter and I have received a copy of the Bolton F.D. Explorer Post 832 rules and regulations which we have read and understand. I also understand that in a medical emergency I give permission to Bolton Fire Department and Bolton Ambulance Squad to treat and transport my son/daughter to the hospital and I understand that I will be notified as soon as possible when said event occurs.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Explorer Signature: \_\_\_\_\_ Date: \_\_\_\_\_