

# RICHLAND CENTER FIRE DEPARTMENT

## Fire Explorer Post 2106

205 East Mill Street Richland Center Wi. 53581  
Station: 608-647-4556 Fax: 608-647-2122 e-mail: rcfire@mwt.net website: rcfwdwi.com

### **Fire Explorer Post Application Form / Questionnaire**

Membership is open to Richland Fire District resident youth between the ages of 15 to 21 and through the 8th grade.  
Applicants under 18 years of age will require a parent / guardian signature and one hour of orientation with them present at the station.

Applications may either filled out online and submitted electronically, or may be printed out and filled out with black or blue ink and either mailed to or dropped off at the station, or returned to any current Richland Center Fire Explorer or Firefighter. Please make sure all information is legible.

#### **Applicant Information**

Full Legal Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Aliases or Nicknames: \_\_\_\_\_

Full Residence Address: \_\_\_\_\_

Mailing Address if different than above: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State issued: \_\_\_\_\_ Expires: \_\_\_\_\_

Do you have any traffic violations: \_\_\_\_\_ If yes please list: \_\_\_\_\_

#### **School Information**

School District: \_\_\_\_\_ Grade: \_\_\_\_\_ If out of High School what year did you graduate: \_\_\_\_\_

School Involvement & Activities: \_\_\_\_\_

How many times the last semester have you been absent from school? \_\_\_\_\_ Tardy or late to school? \_\_\_\_\_

Have you ever been suspended from school? \_\_\_\_\_ If "yes" when and why? \_\_\_\_\_

#### **Reference Information - List three (3) references (references may not be relatives, past or current employers, and shall be over the age of 18)**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Occupation: \_\_\_\_\_

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Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Occupation: \_\_\_\_\_

#### **Employment Information - Provide information on current and last employer**

Employers Name: \_\_\_\_\_ Location: \_\_\_\_\_ Phone #: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_ Hours you work per week: \_\_\_\_\_

List your job duties: \_\_\_\_\_

Employers Name: \_\_\_\_\_ Location: \_\_\_\_\_ Phone #: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_ Hours you work per week: \_\_\_\_\_

List your job duties: \_\_\_\_\_

#### **Other Background**

Have you ever been denied participation in, or dismissed from another Explorer Post Program? \_\_\_\_\_ If "yes" please list date, reason, post name, location, and specialty: \_\_\_\_\_

Have you ever been arrested, suspected of, or charged with a crime? \_\_\_\_\_ If "yes" please explain when, where, and if convicted: \_\_\_\_\_

\_\_\_\_\_

**Parent / Guardian Information - required information for all applicants under 18 years old**

Full Legal Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Full Residence Address: \_\_\_\_\_ Best time to call for confirmation: \_\_\_\_\_

**Applicant Questions**

Interests / Hobbies: \_\_\_\_\_

Why do you want to be an Explorer? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Career Interest & Goals: \_\_\_\_\_

Prior Fire or EMS Training: \_\_\_\_\_

Explorer meetings are held at the Richland Center Fire Station on the 2nd and 4th Thursdays of every month, from 7pm to 9pm. All meetings start at the Fire Station and may be moved for training in areas within our fire district mostly within the City of Richland Center, after roll call is taken. Explorers are required to participate in a minimum of 70 percent of all post meetings. This requirement is to insure you are trained to the same level as other members in the group and to protect the investment of extra time that the Firefighters that are advisors put in to the program. This amounts to 17 meetings per year. Additional training opportunities may occur throughout the year including Monday night Fire Department Meetings, and may qualify on a case by case basis to be counted as make up time. If a school event that you participate in takes place on a scheduled Thursday night meeting it is an excused absence.

**ARE YOU WILLING TO ARRANGE YOUR SCHEDULE TO BE FREE FOR MEETINGS ON THE MEETING NIGHTS INCLUDING TAKING THOSE NIGHTS OFF OF WORK IF NEEDED. SCHOOL ACTIVITIES ARE EXEMPTED.**

Answer "yes" or "no" here: \_\_\_\_\_ Applicant Sign & Date Here: \_\_\_\_\_

**Medical History:**

Participation as a Fire Explorer can be physically and mentally demanding on the applicant. This includes lifting and pulling heavy objects, climbing ladders, using Self Contained Breathing Apparatus (only in training conditions never in live fire conditions), wearing heavy gear, along with others. It is important that all applicants have no medical conditions that would put them or others at risk while participating in the program.

Please check all items that apply, past or present, to your health history. Explain any "yes" answers. This information will be kept confidential

Allergies to food, medicines, insects, plants, etc. \_\_\_\_\_

Asthma \_\_\_\_\_ Seizures \_\_\_\_\_ Heart Problems \_\_\_\_\_ High Blood Pressure \_\_\_\_\_ Other medical concerns \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any problems Climbing \_\_\_\_\_ Bending/Stooping \_\_\_\_\_ Standing for long periods \_\_\_\_\_ Working outside in cold or heat \_\_\_\_\_ Name of personal physician: \_\_\_\_\_

I certify as the parent or guardian of the applicant that I understand the requirements of a Fire Service Explorer and my child has no medical or physical condition that would cause any health conditions or concerns that may cause harm to the applicant.

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

I request the opportunity to participate in the Richland Center Fire Department Explorer Post. I further understand that a records and background investigation will be conducted by the RCFD. I certify that the above information is true and accurate to the best of my knowledge. Any misrepresentation or omission of facts or any information may be grounds for rejection of the application and denial of membership to any applicant, or dismissal from the Explorer post if already a member. By nature of the profession firefighting depends on high levels of trust, respect, accountability, and integrity by all members.

Applicant name printed: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Questions may be directed to any RCFD Explorer Post Advisor using the above contact information. Thank you for your interest in the Explorers.

Copies of Post Bylaws shall be provided to all new members and shall be reviewed annually.

The purpose of the RCFD EXPLORER POST # 2106 is to provide youth of the Richland Center area with an understanding of general fire department history, along with current firefighting training and fire suppression techniques. This training is not limited to RCFD practices, but is geared to the fire protection service.

Date application received by FD: \_\_\_\_\_ By: \_\_\_\_\_