

WARREN FIRE DEPT LOCAL 1835 EXPLORER POST

City of Warren Fire Department

Explorer Post 1835

314 W. Third Avenue

Warren, Pa 16365

Prospective Explorer Application and Background

Applying for Membership

If you are interested in becoming an Explorer, you will need to submit an application to be considered. Submit application to post advisors, or by dropping them off @ The City Of Warren Fire Dept. 314 West third Ave Warren PA 16365. The information below will tell you what you can expect:

First Meeting:

At some point during the meeting, you will be given an oral interview with a 2 or 3 person advisory panel. This interview gives the panel some insight into who you are and why you want to be an Explorer. This is your time to tell us about yourself and your goals. The advisory panel will determine if you meet the requirements of the program and will ensure your sincerity in becoming an Explorer.

The interview is simple, but should be conducted like any job interview. Please dress appropriately, as first impressions are important. If you pass your interview, your packet is sent to a background investigator, who will determine if you are eligible as a member. Upon acceptance, you will be notified by a post advisor.

Meeting Dates and Times:

The explorer post meets on the first and third Wednesday of the month from 6:00 to 8:30pm at the Warren Fire Dept. Upstairs in the training room.

In addition to the regular meetings, special meetings and trainings are scheduled during the year. The meeting dates and times are announced at our regular meetings with ample notice. You are also required to complete community service hours during the year.

Uniforms:

The post has an established uniform which is worn to each meeting and post activities unless otherwise instructed by the post advisor. There are three types of uniforms that the post wear.

Class A Uniform: Dress and Winter issue

The class A uniform is considered the Dress Uniform and Winter issue uniform. The dress uniform consists of a red, long sleeve uniform shirt, black uniform pants with black striping, nameplate, black tie, black belt and black polished boots (shoes). The uniform will be issued after the explorer has completed the probationary period.

Class A Uniform: Summer issue

The summer issued class A uniform will consist of a short sleeve red uniform shirt. The uniform will be worn during the summer months at approved events and functions. This uniform is considered the work uniform.

Class B Uniform:

The class B uniform will consist of a red in color explorer post T-shirt, Black pants, Black Jacket, black web belt, and black polished boots. The shirt will be provided to the explorer at inception to the program at no cost. The BLACK pants and jacket will be purchased by the

explorer through the post. This uniform will be worn to all meeting unless otherwise instructed. The cost of the pants and jacket are TBD. You are responsible to purchase and maintain a pair of black polished boots.

Fees:

Fees associated with the program are as follows. It is the intention of the program to keep the costs to a minimum for each explorer. We activity fundraise for our activities. We are not a funded program by the City or any other entity. It is the duty of the explorer to actively participate in all fundraising efforts for their own benefit.

Registration Fee:	\$50.00	Paid to the Boy Scout Council for supplemental insurance
Uniform Fee:	\$TBD	Purchase of class b uniform pants and jacket
Misc. Fees:		Pays for any activity which funds are not raised to cover expenses.

CRITERIA FOR CITY OF WARREN FIRE DEPT. EXPLORER POST #1835

The following **WILL** result in the rejection of explorer applicants/members:

- Felony or Misdemeanor convictions (including pardons);
- Any Drug conviction;
- Conviction of Assault;
- Conviction for Theft;
- Evidence that the applicant has misrepresented or falsified any information to the department.

The following **MAY** result in the rejection or dismissal of explorer applicants/members:

- Any criminal convictions not listed above;
- Traffic violations - two (2) or more;
- More than two (2) "at fault" motor vehicle accidents in the past two (2) years;
- Documented instances of misconduct by prior employers;
- Documented instances of undesirable work habits;
- Documented history of behavior which indicates that the applicant will not succeed as a fire explorer;

- Unsatisfactory grades at school;
- Excessive tardiness or absences from mandatory training;
- Violation of Explorer Policy Manual
- Insufficient references, or unsatisfactory references, or unsatisfactory personal qualifications.

I have reviewed the above listed rejection criteria.

Applicant's Signature

Parent or Guardian Signature (if under 18)

Date

WARREN FIRE DEPT. EXPLORER POST #1835
APPLICATION/BACKGROUND INFORMATION PACKET

****Use the back of the appropriate page if you need more room****

Applicant Information

Last Name	First	Middle	Date of Birth
Street Address	City	State	Zip Code
Home Phone	Cell Phone	Email Address	

Parent Information

Last Name	First	Middle	Date of Birth
Street Address	City	State	Zip Code
Home Phone	Cell Phone	Relationship	

Last Name	First	Middle	Date of Birth
Street Address	City	State	Zip Code
Home Phone	Cell Phone	Relationship	

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Extra-Curricular Activities

Are you currently, or will be, involved in any sports, volunteer groups, or other obligations that need to be considered by you or your parents? Yes No

If so, explain in detail: _____

Employment History

Are you currently employed? Yes No

List the following if applicable:

Current Employer: _____

Immediate Supervisor: _____

Phone Number: _____

Employment Dates: _____ to _____

Previous Employer: _____

Immediate Supervisor: _____

Phone Number: _____

Employment Dates: _____ to _____

Reason for leaving: _____

Previous Employer: _____

Immediate Supervisor: _____

Phone Number: _____

Employment Dates: _____ to _____

Reason for leaving: _____

Previous Employer: _____

Immediate Supervisor: _____

Phone Number: _____

Employment Dates: _____ to _____

Reason for leaving: _____

May we contact your employers? Yes No

If not, why?

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Career

Do you plan on pursuing a career in fire and Ems? Yes No

If not, what are your career goals (you **do not** have to be pursuing a career in fire and ems to be accepted into this program)?

Have you ever been convicted of a crime? Yes No

If so, explain (type of crime, date, outcome)

Have you ever been issued a traffic citation? Yes No N/A

If yes, please explain:

Training

The following questions are in direct relationship to the training you may receive as an explorer. If you have any question regarding the following questions, please contact an advisor for explanation.

Are you able to lift up to 60 lbs for short periods of time? Yes No

Please check if you have received certification in any of the following training

First Aid/CPR Drivers Education

Are there any other certifications that are not listed above? If so, please list:

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Drug Use

Have you ever used any illegal drugs to include prescription medications that were not prescribed to you by a physician? If yes, then explain the circumstances: _____

References

Please list three adults who can speak of your true character (do not list relatives). If teachers, we need information to contact them during the summer months as well:

Person #1

Last Name	First	Relationship	
Street Address	City	State	Zip Code
Home Phone	Work or Cell Phone		Email Address

Person #2

Last Name	First	Relationship	
Street Address	City	State	Zip Code
Home Phone	Work or Cell Phone		Email Address

Person #3

Last Name	First	Relationship	
Street Address	City	State	Zip Code
Home Phone	Work or Cell Phone		Email Address

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CERTIFICATION:

I understand that this form is subject to examination by the Warren Fire Department. I acknowledge that all of the information contained will be used solely for purposes to determine my suitability as a Warren Fire Explorer. All the information herein is accurate and true to the best of my knowledge. I understand that this application form will become property of the Warren Fire Department.

APPLICANT SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

AUTHORIZATION OF RELEASE OF INFORMATION:

As an applicant for the Warren Fire Department Explorer Program, I hereby authorize the release and full disclosure of any or all personal/confidential information to any duly authorized agent of the Warren Fire Department.

APPLICANT SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

ACKNOWLEDGEMENT:

I hereby acknowledge that if I am selected as a Warren Fire Department Explorer, my primary objective will be to examine and study the career of fire and ems and community service. I understand that teamwork is a necessity for the success of the program and my own personal growth. I will remain true and honest, and will strive to achieve the objectives and ideals of the Explorer Program.

APPLICANT SIGNATURE: _____

WARREN FIRE DEPARTMENT EXPLORER PROGRAM APPLICATION FORM

VIDEO AND PHOTO RELEASE

I understand that during the Warren Fire Department Explorer Program and/or activity, my photograph and/or the photograph of my child may be taken by the Warren Fire Department Explorer Program, producers, sponsors, organizers, and/or assigns. I agree that my photograph and/or the photograph of my child, including video photography, digital photography, or other reproduction of my likeness or the likeness of my child, may be used without charge by the Warren Fire Department Explorer Program, producers, sponsors, organizers and/or it's assigns for such purposes as they deem appropriate.

AUTHORIZATION TO TREAT A MINOR

I, the parent or the legal guardian, of the child listed in this waiver, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of Medical Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital or emergency care facility holding a current license in its respective state of practice. I understand that this authorization is given in advance of any specific diagnosis's, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable for my child. Further, I understand my child will be participating in inherently dangerous activities and agree to pay for my child's medical expenses. I understand that all effort shall be made to contact me prior to rendering treatment to my child, but any of the above treatment will not be withheld if I cannot be reached. This consent shall remain in effect until conclusion of participation in the exploring program.

RELEASE FROM LIABILITY

In consideration of the acceptance of the application of my child, as a participant in any program and/or activities of the Warren Fire Department Explorer Program, I and my child hereby agree to assume all risks attendant upon myself and my child while participating in any Warren Fire Department Explorer Programs and/or activities. I and my child hereby waive, release and discharge any and all claims for damages for death, personal injury, or property damage which I or my child may have, or which hereafter may accrue to me or my child, as a result of my or my child's participation in the Warren Fire Department Explorer Program. I agree to indemnify and hold harmless from liability the Warren Fire Department Explorer Program, its member chapters and/or any of their agents, servants, or employees by reason of any accident, death, injury, or damages, to persons or property which I or my child may suffer while participating in Warren Fire Department Explorer Program and/or activities. The release is intended to discharge in advance the Warren Fire Department Explorer Program, its member chapters and/or any of their agents, servants, or employees by reason again any accident, death, injury or damages to person or property which I or my child may suffer, from and against any and all liability arising out of or connected in any way with me or my child's participation in the Warren Fire Department Explorer Program and/or activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns, and the heirs and assigns of my child. I agree all responsibility for any property damage or injury to any person caused by me or my child while participating in the Warren Fire Department Explorer Program and/or activities.

I have read, and understand and approve the **AUTHORIZATION TO TREAT A MINOR** (with restrictions listed), **RELEASE FROM LIABILITY** and the **VIDEO-PHOTO RELEASE**.

X _____
PRINTED NAME OF PARTICIPANT OR MINOR CHILD

X _____
SIGNATURE OF PARTICIPANT OR PARENT/GUARDIAN OF MINOR CHILD

DATE