ISELIN VOL. FIRE COMPANY #1 DISTRICT #9
EXPLORER POST 319
MEMBERSHIP APPLICATION

Last Name_____ First Name_____ Middle In. _____
Address_____
City, State, Zip_____
Home Phone:_____ Cell Phone:_____ Other Phone:_____
E-Mail Address:_____
Date of Birth:_____ Social Security Number:_____

Are you currently enrolled as a Student? _____
Name of School_____
City, State, Zip_____
Current Grade_____   Year of Graduation_____

Are you Currently employed?   Yes   No
Name of Empoyer_____
City, State, Zip_____

Do you have a Valid NJ Drivers License?   Yes   No
If yes, Drivers License Number_____

Reference:
Name_____ Phone Number_____
Address_____
Relation_____ Years Known_____

Signature of Applicant_____ Date_____
Note: **A COPY OF YOUR BIRTH CERTIFICATE MUST BE ATTACHED TO THIS APPLICATION.**

PARENTAL CONSENT
I/we, the undersigned parent/guardian of the above applicant do hereby consent to his/her proposed membership to the Iselin Vol. Fire Company #1 Explorer Post 319.

Signature of Parent_____ Date_____
Signature of Parent_____ Date_____

Application received on_____ Advisor/Captain Signature_____
Interview Scheduled for_____ at _____Hrs.

Revised 3/2010

PERSONAL HEALTH AND HISTORY

Name_____ Date of Birth_____ Age_____

Name of Parent/Guardian_____ Phone#_____

Home Address_____

City, State, Zip Code_____

Do you have any past medical History?   Yes   No

If yes, explain

_____

_____

Are you currently on any medications?   Yes   No

If yes, explain

_____

_____

List any physical conditions that may limit full participation in the Explorer Program

_____

Immunizations (Give the last date of inoculation)

Tetanus_____   Pertussis_____   Mumps_____   Polio_____   Diptheria_____

Measles_____   Rubella_____

Personal Physician_____   Telephone Number_____

Personal Health/Accident Insurance Carrier_____

Policy Number_____

Parental Authorization

This Medical history is correct to the best of my knowledge. My son/daughter has permission to engage in all prescribed activities, except as noted by me. In the event of an emergency I request that measures be instituted without delay as judgment of medical personal dictates.

Parent or Guardian Signature_____   Date_____