

# Lauderhill Fire Explorers Post 441



## Application Packet



## **Lauderhill Fire Explorer Application Packet**

### **General Membership Requirements**

1. Applicants must be between the ages of 13 and 20 years of age.
2. Parental approval must be obtained.
3. School transcripts demonstrating a 2.0 grade point average, or better, must be enclosed with the application.
4. Copy of Birth Certificate must be enclosed with application.
5. The applicant must be in good health and without physical condition(s) that will endanger them, or another member of the Fire Department.
6. The applicant must be of good character and possess good moral habits. Driving records will be considered.
7. **None of the above requirements is intended to be an automatic disqualifier. All of the above are taken into consideration when considering an applicant. If you feel that there are special circumstances that should be considered when applying, contact the Explorer Coordinator.**

### **When filling out the attached application:**

- Fill in all of the blanks. If an item does not apply to you put in N/A.
- Give complete information, including your first, middle, and last names completely spelled out.
- Submit only information you are sure of.
- Be sure that you and/or your parents sign the forms in the appropriate places.
- Once you have completed the application call 954-730-2950 to schedule your Explorer Interview with the program coordinator.
- **INTENTIONAL WITHHOLDING OF INFORMATION OR FALSEIFICATION OF INFORMATION ON THIS APPLICATION WILL RESULT IN IMMEDIATE DENIAL OF ACCEPTANCE.** If the applicant is accepted and falsification is discovered, the Explorer will be dismissed without recourse.



## Application Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parents/Guardians name: \_\_\_\_\_

Parents/Guardians address: \_\_\_\_\_

Parents/Guardians home phone: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

Parent/Guardian E-Mail Address: \_\_\_\_\_

Are you employed? \_\_\_\_\_ Where? \_\_\_\_\_

Average hours worked per week? \_\_\_\_\_ Are you available on Tuesday nights: \_\_\_\_\_

Career interests: \_\_\_\_\_

\_\_\_\_\_

Previous training: \_\_\_\_\_

\_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ If "YES", for how long? \_\_\_\_\_

List any traffic violations you have received? Use additional paper if necessary

\_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested for a crime? \_\_\_\_\_ If "YES", what and when?

\_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If "YES", what and when?

\_\_\_\_\_

Have you ever used drugs? \_\_\_\_\_ If "YES", what and when?

\_\_\_\_\_

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

\_\_\_\_\_

How many days absent / tardy last semester / quarter? \_\_\_\_\_ What grade are you in? \_\_\_\_\_

What is your current GPA when you last attended school? \_\_\_\_\_

### **Medical History:**

*Check all items that apply, past or present, to your health history. Explain any "Yes" answers.*

**Allergies:** Food, medicines, insects, plants  Yes  No Explain: \_\_\_\_\_

General Information:

Asthma  Seizures  Heart Problems  High blood pressure

Cancer  Diabetes  Bleeding Disorders  Other  \_\_\_\_\_

List any medications currently taking: \_\_\_\_\_

Name of personal physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

### **Adult references:**

Name: \_\_\_\_\_ phone number \_\_\_\_\_

Name: \_\_\_\_\_ phone number \_\_\_\_\_

Name: \_\_\_\_\_ phone number \_\_\_\_\_

I hereby apply for the position of Lauderhill Fire Rescue Explorer. I further consent and authorize the Fire Department to conduct a background check including, but not limited to, a juvenile and criminal history records check.



**Waiver of Liability, Release of Claims, and Indemnification**

As consideration for being a member of the Lauderhill Fire Explorers and thereby being permitted to engage in Lauderhill Fire Explorer activities which further my or my child's education and knowledge of fire rescue activities;

I, the undersigned, hereby agree to indemnify and hold harmless the City of Lauderhill, its officials, officers, employees, agents, and volunteers harmless from any and all claims, injuries, or damages of any nature, sustained to my person or property which occur as a result of or during my, or my child's accompanying members of the Lauderhill Fire Department during their official duties, or during Lauderhill Fire explorer activities.

I further release and waive any an all claims and causes of action, including but not limited to actions based on negligence, which may arise against the City of Lauderhill, its officials, officers, employees, agents and volunteers, as a result of any injury to my or my child's person or property which occur as a result of or during my or my child's accompanying members of the Lauderhill Fire Department during their official duties, or while engaging in any Lauderhill Fire Explorer activity.

I further agree for myself, my heirs, executors, administrators, and assigns, to defend and indemnify the City of Lauderhill, it officials, officers, employees, agents and volunteers, their sureties against any and all actions, suits, debts, claims, demands, damages, liability, or expenses of any kind incurred or arising by reason of any actual or claimed negligence or wrongful act or omission of mine or my child's while accompanying any City of Lauderhill official, officer, employee, agent, and volunteer, or while engaging in any Lauderhill Fire Explorer activity. All parties signing below endorse the preceding three paragraphs as their own and represent that the waiver of liability, release of claims, and indemnification is entered into a knowing and intelligent manner and pursuant to his or her free will.

APPLICANT'S SIGNATURE: \_\_\_\_\_

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

WITNESSED: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_



## Lauderhill Fire Department Hold Harmless Agreement

In consideration of the City of Lauderhill granting the undersigned the opportunity to accompany an employee(s) of the Lauderhill Fire Department in the performance of said employee's duties by riding with said employee(s) in activity owned vehicle: and the undersigned, recognizing the fact that the duties of the officers of the city are inherently dangerous and that no duty is owed to the passenger while such employee(s) is engaged in his or her official duties, hereby assumes all risks attendant upon such activity and agrees to hold the City of Lauderhill, its officials, officers, employees, agents, and volunteers harmless from any and all claims which may arise as a result of the undersigned's accompanying said employee(s) of the City of Lauderhill.

I have read the above and yet desiring to accompany an employee(s) of the Lauderhill Fire Department, have agreed on this \_\_\_\_\_ day of \_\_\_\_\_.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_, FL Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

THE REMANDER OF THIS FORM MUST BE COMPLETED BY A PARENT OR GUARDIAN OF ANY PERSON WHO IS UNDER EIGHTEEN (18) YEARS OF AGE, OR WHO IS APPLYING TO BECOME A LAUDERHILL FIRE EXPLORER.

I, \_\_\_\_\_, the parent or legal guardian of the above names minor, (or Explorer Applicant), have read this hold harmless agreement and hereby consent to the minor/applicant accompanying a City of Lauderhill employee(s) by riding with the employee(s) in a city owned vehicle and knowing of the risks involved and assuming same, hereby agree to hold the City of Lauderhill and its officials, officers, employees, agents, and volunteers harmless from any and all claims which may arise as a result of the above minor/applicant accompanying said employee(s) of the City of Lauderhill.

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_



## Statement of Understanding

I HEREBY REPRESENT THAT I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THIS DOCUMENT CONSISTING OF GENERAL MEMBER REQUIREMENTS, WAIVER OF LIABILITY, APPLICATION, AND HOLD HARMLESS AGREEMENT, AND UNDERSTAND THE CONTENTS OF THESE DOCUMENTS AND SIGN SAME OF MY OWN FREE WILL.

EXECUTED AT \_\_\_\_\_, ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_,

SIGNATURE OF STUDENT MEMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENTS INITIALS \_\_\_\_\_

AS PARENT OR GUARDIAN OF \_\_\_\_\_, I HAVE READ THE ATTACHED FORMS AS NOTED ABOVE AND AGREE TO ALL OF THE TERMS CONTAINED THEREIN.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_\_) \_\_\_\_\_

DATED \_\_\_\_\_

NOTARY: Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_.

Notary in an for the Sate of Florida \_\_\_\_\_,

Residing in \_\_\_\_\_.



### Personal Health and Medical Record Form

All activities require a health examination within the past 12 months by a licensed health-care practitioner.

Religious preference \_\_\_\_\_

#### I. IDENTIFICATION

Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name (Last, First, MI) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Health/Accident Insurance \_\_\_\_\_ Policy No. \_\_\_\_\_

#### In an Emergency, Notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

#### II. EMERGENCY MEDICAL INFORMATION

Applicant has or is subject to (check and give details):

- Allergy to a medicine, food, plant, animal, or insect toxin
- Any condition that may require special care, medication, or diet
- ADHD (attention deficit hyperactivity disorder)
- Asthma
- Convulsions
- Heart trouble
- Contact lenses
- Diabetes
- Fainting spells
- Bleeding disorders
- Dentures

EXPLAIN \_\_\_\_\_

#### III. PARENTAL STATEMENT

Has it ever been necessary to restrict applicant's activities for medical reasons?  Yes  No

Does applicant take medicine regularly or have special care?  No  Yes If yes, explain: \_\_\_\_\_

To be best of my knowledge, the information in sections I, II, III, IV, and VI is accurate and complete. I request a licensed health-care practitioner to examine applicant, to give needed immunization, and to furnish requested information to other agencies as needed. I give my permission for full participation in FFCA programs, subject to limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates.

Parent or guardian (Must sign if applicant is 18 or younger) \_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date signed \_\_\_\_\_

#### IV. IMMUNIZATIONS

If disease, put "D" and year. (Note: LYG indicates "last year given.")

	LYG		LYG		LYG		LYG
Tetanus	_____	Diphtheria	_____	Pertussis	_____	Measles	_____
Mumps	_____	Rubella	_____	Polio	_____	Chicken pox	_____



**V. LICENSED HEALTH-CARE PRACTITIONER'S EVALUATION AND ADVICE**

Approved for participation in:  Hiking and camping  Competitive sports  Water activities  All activities

Specify exceptions \_\_\_\_\_

Recommendations (explain any restrictions OR limitations): \_\_\_\_\_

Signed by licensed health-care practitioner \_\_\_\_\_ Date \_\_\_\_\_

**VI. MEDICAL HISTORY Parent (or applicant if 18 or older):** Fill in sections I, II, III, IV, and VI before seeing a licensed health-care practitioner. Check immunizations to be given at this time. Be sure to include any emergency information and restrictions or special care that should be observed. Especially be sure to record any injuries, illnesses, surgery, or significant changes in condition of health of applicant since last complete examination.

Date of most recent complete physical examination (month and year) \_\_\_\_\_

Are you aware of any current health problems? \_\_\_\_\_ No \_\_\_\_\_ Yes

Now under medical care or taking medicines? \_\_\_\_\_ No \_\_\_\_\_ Yes

Has there been any surgery, injury, illness, allergy, or change in health status since last complete physical examination?

\_\_\_\_\_ No \_\_\_\_\_ Yes

Give dates and full details below for any "yes" answers. IS THERE DISEASE OF (OR PAST OR PRESENT HISTORY OF):

	NO	YES	YEAR	DETAILS/MEDICINES
Serious illness	_____	_____	_____	_____
Serious injury	_____	_____	_____	_____
Deformity	_____	_____	_____	_____
Surgery	_____	_____	_____	_____
Skin, glands	_____	_____	_____	_____
Ears, eyes	_____	_____	_____	_____
Nose, sinus	_____	_____	_____	_____
Teeth, tonsils	_____	_____	_____	_____
Dentures	_____	_____	_____	_____
Bridge	_____	_____	_____	_____
Chest, lungs	_____	_____	_____	_____
Heart	_____	_____	_____	_____
Murmur	_____	_____	_____	_____
Rheumatic fever	_____	_____	_____	_____
Stomach, bowels	_____	_____	_____	_____
Appendicitis	_____	_____	_____	_____
Kidneys or urine	_____	_____	_____	_____
Albumin	_____	_____	_____	_____
Sugar	_____	_____	_____	_____
Infection	_____	_____	_____	_____
Bed-wetting	_____	_____	_____	_____
Menstrual problems	_____	_____	_____	_____
Hernia (rupture)	_____	_____	_____	_____
Back, limbs, joints	_____	_____	_____	_____
Sleepwalking	_____	_____	_____	_____
Nervous condition	_____	_____	_____	_____
Other (explain)	_____	_____	_____	_____



**VII. HEALTH EXAMINATION Licensed Health-Care Practitioner**

The applicant will be participating in a strenuous activity that will include one or more of the following conditions: athletic competition, adventure challenge or wilderness expedition (afloat or afoot) that may include high altitude, extreme weather conditions, cold water, exposure, fatigue, and/or remote conditions where readily available medical care cannot be assured.

- Please insist applicant furnish complete medical history (VI) before exam.
- Review immunizations; for youth (18 or younger) tetanus and diphtheria toxoids, measles, mumps, and rubella vaccines, and trivalent oral polio vaccine are required; youths and adults must have had tetanus booster within 10 years. A measles booster is recommended at age 12.
- After completing section VII, summarize any restrictions and/or recommendations in sections II and V, and sign.

	<b>VISION</b>	<b>HEARING</b>
Date _____	Normal _____	Normal _____
Ht. _____ Wt. _____	Glasses _____	Abnormal _____
B.P. ____ / ____ Pulse _____	Contacts _____	

Check if normal; circle if abnormal and give details below:

_____ Growth, development	_____ Teeth, tonsils	_____ Genitourinary
_____ Skin, glands, hair	_____ Respiratory	_____ Skeletomuscular
_____ Head, neck, thyroid	_____ Cardiovascular	_____ Neuropsychiatric
_____ Eyes, ears, nose	_____ Abdomen, hernia	_____ Other (specify)

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

LABORATORY: Urinalysis (dipstick) Albumin \_\_\_\_\_ Sugar \_\_\_\_\_

**REVIEW FOR CAMP OR SPECIAL ACTIVITY**

DATE	AGENCY OR ACTIVITY	BY	"OK"	PHYSICIAN RECHECK NEEDED	RESULTS OF RECHECK	INITIAL

**INTERVAL RECORD (CAMP, SPORTS ACTIVITIES, TRAVEL, ETC.)**

DATE, TIME, PLACE, ETC.	FINDINGS, DIAGNOSES, TREATMENTS, INSTRUCTIONS, DISPOSITION, ETC.	BY