



ISELIN VOL. FIRE CO. #1 DISTRICT 9



Explorer Post 319

MEMBERSHIP APPLICATION

Last Name: [] First Name: [] Middle Initial: []

Address: _____ City, State, Zip: _____ Mobile: _____

Home: _____ E-Mail: _____ Date of Birth: _____

Are you currently enrolled as a student? (circle one): [YES] [NO]

School Name: _____ City, State, Zip: _____

Current Grade: _____ Year of Graduation: _____

Are you currently employed? (circle one): [YES] [NO]

Name of Employer: _____ City, State, Zip: _____

Do you have a valid NJ Driver's License? (circle one): [YES] [NO]

If yes, Driver's 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 in the Iselin Vol. Fire Co. #1 Explorer Post 319.

Signature of Parent: _____ Signature of Parent: _____ Date: _____

Application Received on: ___/___/___

Advisor Signature: _____

Interview Scheduled on: ___/___/___ at _____ Hrs

Personal Health and History

Name: _____ Date of Birth: _____ Age: _____ Phone: _____

Parent/Guardian Name: _____ Address: _____

Do you have any past medical history? (circle one): [YES] [NO] If yes, explain below:

Are you currently on any medications? (circle one): [YES] [NO] If yes, explain below:

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

Please attach immunization records from your primary care physician with the following: Tetanus, Pertussis, Polio, Diphtheria, MMR (mumps, measles, rubella)

Physician Name: _____ Physician Number: _____

Personal Health/Accident Insurance Carrier and 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 personnel dictates.

Parent/Guardian Signature: _____

Date: _____

Emergency Contacts (Required)

Contact 1

Full Name: _____ Relationship: _____

Address: _____ Email: _____

Mobile Number: _____ Home Number: _____

Contact 2

Full Name: _____ Relationship: _____

Address: _____ Email: _____

Mobile Number: _____ Home Number: _____