

DOWNEY FIRE DEPARTMENT EXPLORER APPLICATION

(please print or type clearly)	Page 1
<u>APPLICANT INFORMATION</u>	
NAME:	DATE:
ADDRESS:	AGE:
CITY:	APT#:
HOME PHONE NUMBER: ()	ZIP CODE:
ALTERNATE PHONE NUMBER: ()	DATE OF BIRTH:
E-MAIL:	
SCHOOL CURRENTLY ATTENDED:	GRADE:
(please attach a copy of your latest report card, minimum 2.0 required)	GPA:
<u>EMERGENCY CONTACT INFORMATION</u>	
#1 NAME:	RELATIONSHIP:
ADDRESS:	APT#:
CITY:	ZIP CODE:
HOME PHONE NUMBER: ()	
ALTERNATE PHONE NUMBER: ()	
#2 NAME:	RELATIONSHIP:
ADDRESS:	APT#:
CITY:	ZIP CODE:
HOME PHONE NUMBER: ()	
ALTERNATE PHONE NUMBER: ()	
<u>MEDICAL INSURANCE INFORMATION</u>	
COMPANY:	POLICY#:
DOCTOR NAME:	BLOOD TYPE:
PREFERRED HOSPITAL:	
	(next page)

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(please print or type clearly)	Page 2
<u>REFERENCE INFORMATION</u>	
(please list two non-family references that we may contact if necessary)	
#1 NAME:	RELATIONSHIP:
PHONE NUMBER: ()	
#2 NAME:	RELATIONSHIP:
PHONE NUMBER: ()	
<u>EMPLOYER INFORMATION</u> (if employed)	
NAME OF EMPLOYER:	TITLE:
NAME OF SUPERVISOR:	HOURS PER WEEK:
PHONE NUMBER: ()	MAY WE CONTACT? Y or N
LENGTH OF TIME WORKED: yrs. mos.	
JOB DUTIES:	
<u>PERSONAL STATEMENT</u>	
(please attach a one paragraph statement as to why you would like to become an Explorer)	
<u>SIGNATURES</u>	
APPLICANT:	DATE:
(if applicant under 18, also have parent/guardian sign below)	
PARENT/GUARDIAN:	DATE:
Please Return Completed Applications to:	Downey Fire Explorer Advisor
	12222 Paramount Blvd.
	Downey, California 90242