



Application for Explorer Post 383

Turn in completed applications to the Roselle Fire Department - 100 E. Maple Ave.

PERSONAL INFORMATION

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone Numbers: (Home) _____ (Cell) _____

Email: _____

Date of Birth: _____ Age: _____

Parent / Guardian Name: _____

Parent / Guardian Phone Number: _____

OTHER INFORMATION

Have you ever been an Explorer or involved in Scouting? YES NO

If so, when and where? _____

What High School do you attend? _____

How did you hear about Roselle Explorer Post 383?

Please briefly explain why you would like to join Roselle Fire Explorer Post 383:

APPLICANT AGREEMENT:

I understand that this is an application for membership in the Roselle Fire Explorer Post. If I am selected, I will obey all the rules and procedures in the Explorer SOG and I will follow all Post procedures. I understand that if I give any false information on the application, I will be automatically eliminated from further consideration for membership.

Applicant Signature: _____ Date: _____

CONSENT FORM and WAIVER AND RELEASE

I have voluntarily applied to join the Roselle Fire Department Fire Exploring Program. As part of that application, I agree and understand that my use of any and all equipment, tools, machinery, and apparatus used in the work of the Roselle Fire Department or my participation in the activities of the Fire Explorer Program shall be at my sole risk. I understand that these activities may include firefighter and paramedic training at the Fire Department as well as at the scene of a fire or emergency call. I further understand that as a participant in the Fire Explorer Program I may be allowed to ride along with trained firefighters and paramedics in emergency vehicles and that participating in such an activity may be dangerous at times.

Based on my understanding and acceptance of the risks involved in participating in the Fire Explorer Program and in consideration of granting my application to be a member of and to participate in the activities of the Explorer Post of the Roselle Fire Department, I waive and release any claims that I may have as a result of my participation in any of the programs described above or in the Roselle Fire Exploring Program SOG. The Roselle Fire Department, the Village of Roselle, or any of their officers, employees or agents shall not be liable to me or to anyone making a claim on my behalf for injuries to my person or to my property arising out of my participation in the above-described program.

I agree further to release the Roselle Fire Department, the Village of Roselle, or any of their officers, employees or agents from any liability resulting from any act or omission on their part with respect to all of the above-described Fire Exploring Program activities during the year 2023.

Applicant Signature: _____ Date: _____

PARENT OR GUARDIAN MUST SIGN BELOW

The undersigned parent(s) or guardian(s) of _____, have read and understand the above waiver and release, and give our consent to our child's participation in the Fire Explorer Program. We promise to be bound by the terms of the above stated waiver and release for our child and for ourselves.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____