

PORT WASHINGTON FIRE DEPARTMENT

EXPLORER POST 9110



104 West Washington Street Port Washington, WI 53074

www.pwfd.org

EXPLORER POST APPLICATION

NAME (LAST, FIRST, MI): _____

ADDRESS: _____

PHONE #: _____ OTHER #: _____

EMAIL ADDRESS (IF AVAILABLE): _____

AGE: _____ DATE OF BIRTH : ____ / ____ / ____

SCHOOL: _____ GRADE: _____

ARE YOU INVOLVED WITH EXTRA CURRICULAR ACTIVITIES? (PLEASE LIST) _____

WHY ARE YOU INTERESTED IN BECOMING AN EXPLORER? _____

MAIN INTEREST IN THE EXPLORER POST IS: FIRE EMS BOTH

ARE YOU PLANNING ON BECOMING A FIREFIGHTER OR EMT WHEN FINISHING WITH THE EXPLORERS? _____

EXPLORER APPLICANT SIGNATURE: _____

PARENT/ GUARDIAN SIGNATURE: _____