

**ST. LUCIE COUNTY FIRE DISTRICT  
EXPLORER APPLICATION PACKET**

**General Membership Requirements**

1. Applicants must be at least fourteen (14) and completed the 8<sup>th</sup> grade, but not yet eighteen (18) 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. (Report cards required every quarter)
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 him/her, or another member of the Fire District.
6. The applicant must be of good character and possess good moral habits. Driving records will be reviewed.
7. **None of the above requirements is intended to be an automatic disqualifier. All of the above will be reviewed when considering an applicant. If you feel that there are special circumstances that should be considered when applying, please contact the Lead Advisor.**
  - Completed application must not be folded.
  - Fill in all of the blanks. If an item does not apply to you put in N/A.
  - If this application is incomplete in any way, you will not be considered for an interview.
  - Give complete information, including your first, middle, and last name, completely spelled out.
  - Parents or guardians signatures are required to complete the forms.
  - Make sure this application is notarized in the required place.

**INTENTIONALLY WITHHOLDING INFORMATION OR FALSIFYING 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.

Once the application is completed, e-mail the Lead Advisor @ [explorers@slcfd.org](mailto:explorers@slcfd.org) for further instructions. Include your name, age and phone number in the message. No interviews will be conducted without prior notification to the Lead Advisor. Once the applicant is accepted for an interview, he/she must attend an interview meeting with his/her parent or guardian.

(Type or Print Neatly in Black Ink)

### APPLICATION

Date: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parents/Guardians Name: \_\_\_\_\_

Parents/Guardians Address: \_\_\_\_\_

Parents/Guardians Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Are you employed: \_\_\_\_\_ If yes, where: \_\_\_\_\_

Average hours of work per week: \_\_\_\_\_

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: \_\_\_\_\_ If yes, list for what and when: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime: \_\_\_\_\_ If yes, list for what and when: \_\_\_\_\_

\_\_\_\_\_

Have you ever used drugs: \_\_\_\_\_ If yes, list what and when: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been suspended from school: \_\_\_\_\_ If yes, when and why: \_\_\_\_\_  
\_\_\_\_\_

How many days have you been absent/tardy last semester/quarter: \_\_\_\_\_  
\_\_\_\_\_

What was your 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:	Yes	No	Explain: _____
	Medicines:	Yes	No	Explain: _____
	Insects:	Yes	No	Explain: _____
	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: \_\_\_\_\_ Phone: \_\_\_\_\_

**Adult References:**

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Parent/Guardian Signature

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

**WAIVER OF LIABILITY, RELEASE OF CLAIMS, AND INDEMNIFICATION**

In consideration for being a member of the St. Lucie County Fire District Explorers and thereby being permitted to engage in Fire District activities which will further my education and knowledge of fire/rescue activities, I the undersigned, hereby agree to indemnify and hold harmless the St. Lucie County Fire District and 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 accompanying members of the St. Lucie County Fire District during their official duties, or during St. Lucie County Fire District explorer activities.

I further release and waive any and all claims and causes of action, including but not limited to actions based on negligence, which may arise against the St. Lucie County Fire District, its officials, officers, employees, agents and volunteers, as a result of any injury to me or my property which occur as a result of or during my accompanying members of the St. Lucie County Fire District during their official duties, or while engaging in any St. Lucie County Fire District Explorer activity. I further agree for myself, my heirs, executors, administrators, and assigns to defend and indemnify the St. Lucie County Fire District, its 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 while accompanying any St. Lucie County Fire District official, officer, employees, agent, and volunteer, or while engaging in any St. Lucie County Fire District 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 in a knowing and intelligent manner and pursuant to his/her free will.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**ST. LUCIE COUNTY FIRE DISTRICT  
HOLD HARMLESS AGREEMENT**

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

I have read the above and agree and understand its contents.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Applicant's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

***THE REMAINDER OF THIS FORM MUST BE COMPLETED BY A PARENT OR GUARDIAN OF ANY PERSON WHO IS UNDER THE AGE OF EIGHTEEN (18), AND IS APPLYING TO BECOME A ST. LUCIE COUNTY FIRE DISTRICT EXPLORER.***

I, \_\_\_\_\_, the parent or legal guardian of the above named minor/Explorer applicant, have read this Hold Harmless Agreement and hereby consent to the minor/applicant accompanying a St. Lucie County Fire District employee(s) by riding with the employee(s) in a Fire District owned vehicle. I am aware of the risks involved and assuming same, hereby agree to hold the St. Lucie County Fire District 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 St. Lucie County Fire District.

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

**ST. LUCIE COUNTY FIRE DISTRICT  
STATEMENT OF UNDERSTANDING**

I HEREBY REPRESENT THAT I HAVE CAREFULLY READ THE FOLLOWING DOCUMENTS:

- GENERAL MEMBER REQUIREMENTS
- WAIVER OF LIABILITY
- EXPLORER APPLICATION
- ST. LUCIE COUNTY FIRE DISTRICT HOLD HARMLESS AGREEMENT

I UNDERSTAND ALL INFORMATION PROVIDED WITHIN THESE DOCUMENTS AND SIGN SAME OF MY OWN FREE WILL THAT I HAVE RECEIVED SAID DOCUMENTS.

SIGNATURE OF EXPLORER MEMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

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

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Notary:

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

Notary in and for the State of Florida

\_\_\_\_\_  
Signature

My Commission Expires: \_\_\_\_\_