



Lauderhill Fire Explorer Application Packet

General Membership Requirements

1. Applicants must be between the ages of 13 and 20 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.
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 them, or another member of the Fire Department.
6. The applicant must be of good character and possess good moral habits. Driving records will be considered.
7. **None of the above requirements is intended to be an automatic disqualifier. All of the above are taken into consideration when considering an applicant. If you feel that there are special circumstances that should be considered when applying, contact the Explorer Coordinator.**

When filling out the attached application:

- Fill in all of the blanks. If an item does not apply to you put in N/A.
- Give complete information, including your first, middle, and last names completely spelled out.
- Submit only information you are sure of.
- Be sure that you and/or your parents sign the forms in the appropriate places.
- Application **MUST** be notarized
- Must obtain a physical from a licensed physician
- Once you have completed the application call 954-730-2950 to schedule your Explorer Interview with the program coordinator.
- **INTENTIONAL WITHHOLDING OF INFORMATION OR FALSEIFICATION OF 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 Accepted to the Program the Explorer is responsible for:

1. \$20.00 Registration fee (covers LFL Application fee & Insurance)
2. Explorer must purchase a portion of the below listed uniforms:
 - a. All black boots, or all black sneakers
 - b. Black “EMS” pants from the local Army/Navy Outdoors Store
 - c. All black uniform belt from local Army/Navy Outdoors Store
3. Monthly \$5.00 dues
 - a. This was not implemented by the organization, but voted on by the membership of Explorers.



Application Form

Name: _____ Age: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

School: _____ Grade: _____ Email Address: _____

Parents/Guardians Name: _____

Parents/Guardians Home phone: _____ Cell phone: _____

Are you employed? _____ Where? _____

Average hours worked per week? _____ Are you available on Wednesday nights: _____

Have you been or are you currently an Explorer? _____ If yes, what agency: _____

Career interests: _____

Previous training: _____

Do you have a valid driver's license? _____ Drivers License #: _____

List any traffic violations you have received? (Use additional paper if necessary)

Have you ever been arrested for a crime? _____ If "YES", what and when?

Have you ever been convicted of a crime? _____ If "YES", what and when?

Have you ever used drugs? _____ If "YES", what and when?

Have you ever been suspended from school? _____ If "YES", when and why?

How many days absent / tardy last semester / quarter? _____

What is your current GPA when you last attended school? _____

Adult references:

Name: _____ phone number _____

Name: _____ phone number _____

Name: _____ phone number _____

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

<p style="color: #8B4513; font-weight: bold;">Official Use</p> <p>Date Accepted: _____</p> <p>Advisor conducting Interview: _____</p> <p>Lead Advisor Approval: _____</p> <p>Application Fee Paid: Yes or No</p>
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YOUTH PARTICIPANT

Post number:

If applicant has an unexpired participant certificate, participation may be accomplished in this unit by paying \$1 for processing the transfer. Mark and attach certificate. It will be returned by the council.

Transfer application Transfer from council number:

Post number:

E-mail:

Name and address information (Please print one letter in each space—press hard, you are making a copy.)

First name **(No initials or nicknames)** Middle name Last name Suffix

Country Mailing address City State Zip code

Home phone Date of birth (mm/dd/yyyy) Grade Ethnic background:

African American Native American Alaska Native Asian

Caucasian/White Hispanic/Latino Pacific Islander Other

School Gender: Male Female

Parent/guardian information Mark here if address is same as above.

Mark here if the adult parent/guardian is not living at the same address; complete and attach a Learning for Life adult application.

Select relationship: Parent Guardian Grandparent Other (specify)

First name **(No initials or nicknames)** Middle name Last name Suffix

Country Mailing address City State Zip code

Home phone Date of birth (mm/dd/yyyy) Occupation Employer Gender: M F

Business phone Ext. Previous Exploring experience Cell phone

Parent/guardian e-mail address

 Date

Signature of post leader Registration fee \$.

I have read the attached information sheet and approve the application (signature of parent/guardian required if applicant is under 18 years of age).

Signature of parent/guardian

Signature of Explorer

LOCAL COUNCIL COPY

Retain on file for three years. 28-309



Waiver of Liability, Release of Claims, and Indemnification

As consideration for being a member of the Lauderhill Fire Explorers and thereby being permitted to engage in Lauderhill Fire Explorer activities which further my or my child's education and knowledge of fire rescue activities;

I, the undersigned, hereby agree to indemnify and hold harmless the City of Lauderhill, 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, or my child's accompanying members of the Lauderhill Fire Department during their official duties, or during Lauderhill Fire 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 City of Lauderhill, its officials, officers, employees, agents and volunteers, as a result of any injury to my or my child's person or property which occur as a result of or during my or my child's accompanying members of the Lauderhill Fire Department during their official duties, or while engaging in any Lauderhill Fire Explorer activity.

I further agree for myself, my heirs, executors, administrators, and assigns, to defend and indemnify the City of Lauderhill, 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 or my child's while accompanying any City of Lauderhill official, officer, employee, agent, and volunteer, or while engaging in any Lauderhill Fire 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 a knowing and intelligent manner and pursuant to his or her free will.

APPLICANT'S SIGNATURE: _____

SIGNED THIS _____ DAY OF _____, _____

WITNESSED: _____

PARENT'S SIGNATURE: _____



Lauderhill Fire Department Hold Harmless Agreement

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

I have read the above and yet desiring to accompany an employee(s) of the Lauderhill Fire Department, have agreed on this _____ day of _____.

Signature: _____

Print name: _____ Address: _____

City: _____, FL Zip: _____

Date of Birth: _____ Phone: (_____) _____

THE REMANDER OF THIS FORM MUST BE COMPLETED BY A PARENT OR GUARDIAN OF ANY PERSON WHO IS UNDER EIGHTEEN (18) YEARS OF AGE, OR WHO IS APPLYING TO BECOME A LAUDERHILL FIRE EXPLORER.

I, _____, the parent or legal guardian of the above names minor, (or Explorer Applicant), have read this hold harmless agreement and hereby consent to the minor/applicant accompanying a City of Lauderhill employee(s) by riding with the employee(s) in a city owned vehicle and knowing of the risks involved and assuming same, hereby agree to hold the City of Lauderhill 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 City of Lauderhill.

Signature: _____

Address: _____

City: _____, State: _____ Zip: _____

Phone: (_____) _____



Statement of Understanding

I HEREBY REPRESENT THAT I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THIS DOCUMENT CONSISTING OF GENERAL MEMBER REQUIREMENTS, WAIVER OF LIABILITY, APPLICATION, AND HOLD HARMLESS AGREEMENT, AND UNDERSTAND THE CONTENTS OF THESE DOCUMENTS AND SIGN SAME OF MY OWN FREE WILL.

EXECUTED AT _____, ON THIS _____ DAY OF _____,

SIGNATURE OF STUDENT MEMBER: _____

ADDRESS: _____

PARENTS INITIALS _____

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

SIGNATURE OF PARENT OR GUARDIAN _____

HOME PHONE (_____) _____ WORK PHONE (_____) _____

DATED _____

NOTARY: Subscribed and sworn before me this _____ day of _____.

Notary in an for the State of Florida _____,

Residing in: _____.

Annual Learning for Life Health and Medical Record

Part A

GENERAL INFORMATION

Name _____ Date of birth _____ Age _____ Male Female
 Address _____ Grade completed (youth only) _____
 City _____ State _____ Zip _____ Phone No. _____
 Adult leader _____ Council name/No. _____ Post No. _____
 Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
 Health/accident insurance company _____ Policy No. _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."

In case of emergency, notify:

Name _____ Relationship _____
 Address _____
 Home phone _____ Business phone _____ Cell phone _____
 Alternate contact _____ Alternate's phone _____

HEALTH HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma Last attack: _____	
		Diabetes Last HbA1c: _____	
		Hypertension (high blood pressure)	
		Heart disease (e.g., CHF, CAD, MI)	
		Stroke/TIA	
		Lung/respiratory disease	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Behavioral disorders (e.g., ADD, ADHD, Asperger syndrome, autism)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures Last seizure: _____	
		Sleep disorders (e.g., sleep apnea) Use CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Abdominal/digestive problems	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____
 Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by Learning for Life. **Tetanus immunization is required and must have been received within the last 10 years.** If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB) _____

Exemption to immunizations claimed (form required).

(For more information about immunizations, as well as the immunization exemption form, see Learning for Life's Safety First Guidelines.)

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____
Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____

Administration of the above medications is approved by (if required by your state): _____ / _____
Parent/guardian signature and/or MD/DO, NP, or PA signature

Be sure to bring medications in sufficient quantities and the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Emergency contact No.:

Allergies:

DOB:

Full name:

Part C

TO THE EXAMINING HEALTH-CARE PROVIDER (Certified and licensed physicians [MD, DO], nurse practitioners, and physician's assistants)

You are being asked to certify that this individual has no contraindication for participation in a Learning for Life experience.

PHYSICAL EXAMINATION

Height (inches) _____ Weight (pounds) _____ Maximum weight for height _____ Meets height/weight limits Yes No
 Blood pressure _____ Pulse _____ Percent body fat (optional) _____

If you exceed the maximum weight for height as explained on this page and your planned activity will take you more than 30 minutes away from an emergency vehicle-accessible roadway, you **will not** be allowed to participate. At the discretion of the medical advisors of the event and/or camp, participation of an individual exceeding the maximum weight for height may be allowed if the body fat percentage measured by the health-care provider is determined to be 20 percent or less for a female or 15 percent or less for a male. Please call the event leader and/or camp if you have any questions. Enforcing the height/weight guidelines is strongly encouraged for all other events.

	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs							
Neurological				Other	Yes	No	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			Explain
Emotional adjustment				Medical equipment (i.e., CPAP, oxygen)			
Tuberculosis (TB) skin test (if required by your state for camp staff)				<input type="checkbox"/> Negative <input type="checkbox"/> Positive			

Allergies (to what agent, type of reaction, treatment): _____

Restrictions (if none, so state) _____

EXAMINER'S CERTIFICATION

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Learning for Life experience. This participant (with noted restrictions above)

True False

- Meets height/weight requirements
- Does not have uncontrolled heart disease, asthma, or hypertension
- Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from their orthopedic surgeon or treating physician
- Has no uncontrolled psychiatric disorders
- Has had no seizures in the last year
- Does not have poorly controlled diabetes
- If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures

Provider printed name _____

Address _____

City, state, zip _____

Office phone _____

Signature _____

Date _____

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

DO NOT WRITE IN THIS BOX

REVIEW FOR CAMP OR SPECIAL ACTIVITY

Reviewed by _____ Date _____

Further approval required Yes No Reason _____ Date _____

By _____ Date _____

Part C Full name: _____ **DOB:** _____