



Fargo Fire Department Explorers

Post 259



PLEASE PRINT CLEARLY - APPLICATION MUST BE COMPLETED IN FULL

FULL LEGAL NAME: _____ AGE: _____

DATE OF BIRTH: _____ / _____ / _____ PHONE NUMBER: _____ - _____ - _____

ADDRESS: _____ CITY / STATE: _____

EMAIL ADDRESS: _____

DRIVERS LICENSE / PERMIT NUMBER: _____ STATE: _____

SCHOOL: _____ GRADE: _____ GPA: _____

MEN'S T-SHIRT SHIRT SIZE: S M L XL XXL XXXL

HOW DID YOU LEARN ABOUT THE FARGO FIRE EXPLORERS & WHY YOU ARE INTERESTED IN JOINING THE POST?

HAVE YOU EVER BEEN ARRESTED, SUSPECTED OF, OR CHARGED WITH A CRIME?

NO YES (please explain & include jurisdiction)

HAVE YOU EVER BEEN DENIED PARTICIPATION IN, OR EXCLUDED FROM PARTICIPATION IN THIS OR ANY EXPLORER PROGRAM?

NO YES (please explain & include post location & specialty)

I request the opportunity to participate in the Fargo Fire Department Explorer Post. I further understand that a records and background investigation will be conducted by the Fargo Fire Department. I certify that the above information is true and accurate to the best of my knowledge. Misrepresentation or omission of facts or information may be grounds for rejection of the application and denial of membership or dismissal if already a member.

APPLICANT NAME (printed): _____

SIGNATURE: _____ DATE: _____

If under 18:

PARENT/GUARDIAN NAME (printed): _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Please return application to:

Fargo Fire Department
Explorer Post #259
637 NP Ave
Fargo, ND 58102
fargofireexplorers@gmail.com