



# Columbia Fire & Rescue

## Explorer Application

### Personal Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

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

### Parents/Guardian Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

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

### Medical Information

Do you have any health conditions? \_\_\_\_\_

If so, please explain here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_



Any other Medical information that we need to know about?

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### School/Job Information

Current School? \_\_\_\_\_ Grade? \_\_\_\_\_ GPA? \_\_\_\_\_

Current Job? \_\_\_\_\_

Position? \_\_\_\_\_

Career choices?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Questions

Where did you hear about our program?

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Why are you interested in being a part of the Columbia Fire & Rescue Explorer Program?

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### Additional Information

Is there anything else you would like for us to know?

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