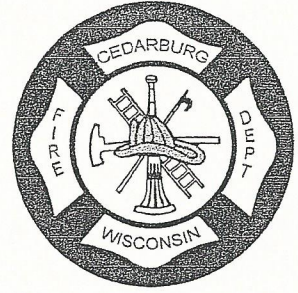




CEDARBURG FIRE DEPARTMENT
EXPLORER POST 9610
CEDARBURG, WI



Application For Membership

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ Zip Code: _____

Phone: (____) _____ - _____ Email: _____

Age: _____ Date of Birth: ____/____/____

Name of Current School: _____

Name of High School (if different from above): _____

Mother's Last Name: _____ First Name: _____ MI: _____

Father's Last Name: _____ First Name: _____ MI: _____

What is your reason for applying?

Do you have any previous knowledge of firefighting? (if YES please explain how)

Are you involved in any sports or other extracurricular activities?

How did you hear about the Explorers?

Upon receipt of this application, the Cedarburg Fire Department will perform a background investigation on the applicant, with the assistance of the Cedarburg Police Department. Following the completed background investigation, the applicant will be called to set up an interview with the Explorer Advisory Staff. After interviews with all potential applicants are complete, those selected for the post will be notified of an orientation date. Those not selected for the post will be placed on a waiting list until positions become available.

The Cedarburg Fire Department's policy has always been to make school-work a priority with the Explorer Post. Should an Explorer's grades drop below a "C" average for any quarter or semester, the Explorer will be suspended until grades are elevated back to a "C".

I understand that my grades are a priority, and I fully agree to place my school-work above fire department activities. Also, I understand that I will have responsibilities within the Explorer Post and that I must meet the standards set forth.

Applicant Signature: _____

Parent/Legal Guardian:

I understand that my son/daughter is applying to become part of the Cedarburg Fire Department's Explorer Post. I also understand that a background investigation will be performed and that my son/daughter will be required to attend a minimum number of meetings and trainings throughout the year. I further understand that I must support my son/daughter in this venture to keep him/her focused on the priorities of school-work as well as the Explorer Post.

Parent/Guardian Signature: _____

Please drop off this application at:

Cedarburg Fire Dept
W61 N631 Mequon Ave
Cedarburg, WI 53012

Or via mail:

Cedarburg Fire Dept
Attn: Explorer Advisors
PO Box 327
Cedarburg, WI 53012

Should any questions arise please feel free to call the Cedarburg Fire Dept at 262-375-7632