



GLENDALE FIRE DEPARTMENT

EXPLORER PROGRAM APPLICATION & SCREENING QUESTIONNAIRE

Instructions: Accurately & honestly complete the entire application, neatly. Include all area and zip codes, apartment and space numbers, if applicable. Any false statement and/or omission of any information on this application will be grounds for disqualification. A criminal background check will be conducted, including being Live-Scan fingerprinted. Submission of this application is not a guarantee of acceptance. Explorers are NOT compensated, and are NOT considered employees of the Glendale Fire Department. Explorers are youth volunteers and serve at the discretion of the Glendale Fire Department and its representatives.

PERSONAL INFORMATION

Last Name:		First Name:			Middle Name:		Suffix:
Sex:	Race:	Height:	Weight:	Hair Color:	Eye Color:	Date of Birth:	Age:
California ID Card #:				Student ID Card #:			

What social media sites are you on? (ie: Facebook) _____

What is your e-mail address? _____

Home Telephone #: () _____ Cell Phone #: () _____

BACKGROUND SCREENING INFORMATION

Have you ever been arrested? [] Yes [] No

If yes, when, where and what charge(s)? _____

Have you ever been convicted (found or plead guilty) of a crime? [] Yes [] No

If yes, when, where and what charge? _____

Are you currently on probation? [] Yes [] No

If yes, for what charge? _____

Have you ever received a citation? [] Yes [] No

If yes, when and what charge? _____

Have you ever knowingly used illegal narcotics or drugs? [] Yes [] No

If yes, what? _____ When was the last time? _____

Have you ever knowingly ingested (used) prescription drugs, not prescribed to you? [] Yes [] No

If yes, what? _____ When was the last time? _____

Have you ever knowingly consumed alcoholic beverages? [] Yes [] No

If yes, what? _____ When was the last time? _____

Do you have any tattoos? [] Yes [] No

If yes, where is it / are they located & what are they of? _____

Do you have any gang affiliations? [] Yes [] No

If yes, who, what is their relation to you, and from what gang? _____

RESIDENCE INFORMATION

Residence Address: (Number, Street, Apt., City, State, Zip)	How Long Residing Here?

VEHICLE INFORMATION

Do you drive an automobile? [] Yes [] No

Make:	Model:	Color:	License #:	Registered To:

EDUCATIONAL INFORMATION

School Currently Attending:	City:	Grade:
School Last Attended:	City:	Grade:

EMPLOYMENT INFORMATION

Current Employer:	Address:	Telephone #:
Job Title:	Supervisor's Full Name:	
Last Employer:	Address:	Telephone #:
Job Title:	Supervisor's Full Name:	

Have you ever been terminated from a job? [] Yes [] No

If yes, when, from where, and why?: _____

RELATED INFORMATION

Have you ever been an Explorer before? [] Yes [] No Where/When? _____

Have you ever been turned down to become an Explorer before? [] Yes [] No Where/When? _____

If currently enrolled in school, do you have a GPA of 2.0 or higher? [] Yes [] No

****Use and attach additional lined paper, if needed to explain any of your answers****

I attest that the information provided by me is accurate & complete to the best of my knowledge and recollection. I give my authorization to conduct a thorough background check on me (my child), to include fingerprint and social media inquiries. I understand that any false information provided by me and/or any omission(s) is grounds for disqualification.

Signature of Explorer Applicant

Printed Full Name

Date

Signature of Parent/Guardian (if under 18)

Printed Full Name

Date



CITY OF GLENDALE, CALIFORNIA
Fire Department

421 Oak Street
Glendale, California 91204-1298
(818) 548-4814 Fax (818) 547-1031
www.ci.glendale.ca.us

EXPLORER POST #911

WAIVER OF RELEASE OF CLAIMS AND INDEMNITY AGREEMENT CONSENT FOR EMERGENCY MEDICAL SERVICES (Age 14-17 Yrs.)

In consideration for allowing _____ (hereinafter referred to as minor) to participate in the Glendale Fire Department's Explorer Program. I, _____ (parent or legal guardian of minor) acting on behalf of the minor, hereby waive, release, and discharge the City of Glendale, the Glendale Fire Department, and officers, agents, servants, employees or officials of the City of Glendale or the Glendale Fire Department for personal injury and/or property damage which may hereinafter occur to the minor as a result of the minor's participation in the Glendale Fire Department's Explorer Program.

The City of Glendale, the Chief of the Glendale Fire Department, officers, agents, servants, employees or officials of the City of Glendale or the Glendale Fire Department, and each of them, shall not be responsible or liable for any injury, damage, loss, or expense to the minor or me, or to my property or the minor's property, incurred while accompanying any member or members of the Glendale Fire Department during the performance of their official duties whether the damage, loss or expense occurs by reason of negligence, dangerous condition of public property or otherwise.

For myself, my heirs, executors, administrators, I agree to defend, indemnify and hold harmless the City of Glendale, the Chief of the Glendale Fire Department, and officers, agents, servants, employees, or officials of the City of Glendale, against any and all manner of action, claims, cause of action, suits, debts, demands of damage or liabilities or expense of any kind and nature incurred or arising by reason of any actual or claimed act or omission of the minor, or injury sustained by minor, while participating in the Glendale Fire Department's Explorer Program. This includes claims brought by the minor on behalf of the minor.

In the event of sudden illness, accident or injury which may occur while said minor is participating in the Glendale Fire Department's Explorer Program, and neither the parents, guardian, or designated family physician can be contacted, I hereby give my consent to any physician licensed in the State of California, pursuant to Civil Code Section 25.6, to perform such emergency medical treatment as may be necessary under the circumstances. I authorize any member of the Glendale Fire Department to give consent on behalf of the minor for such emergency medical treatment, as may be necessary. I hereby represent that I have carefully read, understand and agree with the contents of this document and sign the same of my own free will.

Parent/Legal Guardian (print): _____

Parent/Legal Guardian (Signature): _____ Date: _____

Parent/Legal Guardian (print): _____

Parent/Legal Guardian (Signature): _____ Date: _____



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EXPLORER POST #911

AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE WAIVER AND RELEASE OF CLAIMS

Whereas the undersigned, not being a member, employee or agent of any fire department, has made a voluntary request for permission to ride as a guest or observer in a fire department vehicle at a time when such vehicle is operated and named by members of the Glendale Fire Department and has further requested permission to accompany a member or members of said fire department during the active performance of their official duties as Fire Fighters.

And whereas the undersigned acknowledges that the work and activities of said fire department are inherently dangerous involving possible risk of injury, damage, expense or loss to person or property and further agree that the said fire department did not take the initiative in extending an invitation to ride or accompany its members.

Now, therefore, be it understood that the undersigned hereby agrees that the City of Glendale, the Glendale Fire Department, any member of the Glendale Fire Department, the driver or owner of any automobile owned or operated by, or in the service of the City of Glendale, their sureties, and each of them, shall not be held liable or responsible under any circumstances whatsoever by the undersigned, his or her estate, or heirs, for any injury, damage, expense or loss to the person or property of the undersigned, incurred while riding as a guest or observer in any Glendale Fire Department vehicle or while accompanying a member of said department during the active performance of his/her official duties as a public servant.

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING

Note: The signature of a parent or guardian is required for those guests or observers under the age of eighteen (18) years.

Date: _____

Name: (Print) _____

Phone: _____

Address: _____

Signature: _____

Signature of Parent or Guardian: _____



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EXPLORER POST #911
WAIVER OF RELEASE OF CLAIMS AND INDEMNITY AGREEMENT
CONSENT FOR EMERGENCY MEDICAL SERVICES
(Age 18 or older)

In consideration for allowing _____ (hereinafter referred to as participant) to participate in the Glendale Fire Department Explorer Program. I, _____ (participant) acting on my own behalf, hereby waive, release, and discharge the City of Glendale, the Glendale Fire Department, and officers, agents, servants, employees or officials of City of Glendale or the Glendale Fire Department for personal injury and/or property damage which may hereinafter occur to me as a result of my participation in the Glendale Fire Department's Explorer Program.

The City of Glendale, the Glendale Fire Department, officers, agents, servants, employees or officials of the City of Glendale or the Glendale Fire Department, and each of them, shall not be responsible or liable for any injury, damage, loss, or expense to me, or to my property, incurred while accompanying any member or members of the Glendale Fire Department during the performance of their official duties whether the damage, loss or expense occurs by reason of negligence, dangerous condition of public property or otherwise.

For myself, my heirs, executors, administrators, I agree to defend, indemnify and hold harmless the City of Glendale, the Glendale Fire Department, and officers, agents, servants, employees, or officials of the City of Glendale, against any and all manner of action, claims, cause of action, suits, debts, demands of damage or liabilities or expense of any kind and nature incurred or arising by reason of any actual or claimed act or omission of myself, or injury sustained by me, while participating in the Glendale Fire Department's Explorer Program. This includes claims brought by me or on behalf of me.

In the event of sudden illness, accident or injury which may occur while I am participating in the Glendale Fire Department's Explorer Program, I hereby give my consent to any physician licensed in the State of California, pursuant to Civil Code Section 25.6, to perform such emergency medical treatment as may be necessary under the circumstances. I authorize any member of the Glendale Fire Department to give consent on my behalf for such emergency medical treatment, as may be necessary. I hereby represent that I have carefully read, understand and agree with the contents of this document and sign the same of my own free will.

Participant (print): _____

Participant (Signature): _____ Date: _____



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PHOTOGRAPH AND WRITTEN MATERIAL RELEASE (Age 14-17 years)

In consideration for allowing _____ (hereinafter referred to as minor) to participate in the Glendale Fire Department's Explorer Program, I, _____ (parent or legal guardian of minor) acting on behalf of the minor, hereby give, release, and discharge the City of Glendale, the Glendale Fire Department, and officers, agents, servants, employees or officials of the City of Glendale, or the Glendale Fire Department, my written permission to copyright or publish all photographs, films, drawings and written material in which the minor appears in and/or have written while involved in the Glendale Fire Department's Explorer Program.

I further agree that the City of Glendale Fire Department may transfer, use or cause to be used, these photographs, films, drawings, and written material for any and all exhibitions, public display, publications, commercials, art and advertising purposes, without limitations, reservations, or any compensation, other than receipt of which is hereby acknowledged.

I hereby represent that I have carefully read, understand and agree with the contents of this document and sign the same of my own free will.

Parent/Legal Guardian (print): _____

Parent/Legal Guardian (Signature): _____ Date: _____

Parent/Legal Guardian (print): _____

Parent/Legal Guardian (Signature): _____ Date: _____

Minor (print): _____

Minor (Signature): _____ Date: _____



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PHOTOGRAPH AND WRITTEN MATERIAL RELEASE (Age 18 years or older)

In consideration for participating in the Glendale Fire Department's Explorer Program, I, _____ (participant being 18 years or older), hereby give, release, and discharge the City of Glendale, the Glendale Fire Department, and officers, agents, servants, employees or officials of the City of Glendale, or the Glendale Fire Department, my written permission to copyright or publish all photographs, films, drawings and written material in which I appear and/or have written while involved in the Glendale Fire Department's Explorer Program.

I further agree that the City of Glendale Fire Department may transfer, use or cause to be used, these photographs, films, drawings, and written material for any and all exhibitions, public display, publications, commercials, art and advertising purposes, without limitations, reservations, or any compensation, other than receipt of which is hereby acknowledged.

I hereby represent that I have carefully read, understand and agree with the contents of this document and sign the same of my own free will.

Participant (print): _____ Age: _____

Participant (Signature): _____ Date: _____



Annual Health and Medical Record

(Valid for 12 calendar months)

Medical Information

Learning for Life recommends that all youth and adult members have annual medical evaluations by a certified and licensed health-care provider. In an effort to provide better care to those who may become ill or injured and to provide youth members and adult leaders a better understanding of their own physical capabilities, Learning for Life has established minimum standards for providing medical information prior to participating in various activities. Those standards are offered below in one three-part medical form. Note that volunteer leaders must always protect the privacy of participants by protecting their medical information.

Parts A and C are to be completed annually **by all Learning for Life participants**. Both parts are required for all events that do not exceed 72 consecutive hours, where the level of activity is similar to that normally expended at home or at school, such as field days, conferences, and academics, or an overnight camp, and where medical care is readily available. Medical information required includes a current health history and list of medications. Part C also includes the parental informed consent and hold harmless/release agreement (with an area for notarization if required by your state) as well as a talent release statement. Adult leaders should review participants' health histories and become knowledgeable about the medical needs of the youth participants. This form is to be filled out by participants and parents or guardians and kept on file for easy reference.

Part B is required with parts A and C for any event that exceeds 72 consecutive hours, a resident camp setting, or when the nature of the activity is strenuous and demanding, such as service projects or high-adventure treks. It is to be completed and signed by a certified and licensed health-care provider—physician (MD, DO), nurse practitioner, or physician's assistant as appropriate for your state. The level of activity ranges from what is normally expended at home or at school to strenuous activity such as hiking and backpacking. Other examples include law enforcement and firefighting activities, mock trial competitions, and other outdoor activities. It is important to note that the height/weight chart must be strictly adhered to if the event will take the post beyond a radius wherein emergency evacuation is more than 30 minutes by ground transportation.

Risk Factors

Based on the vast experience of the medical community, Learning for Life has identified that the following risk factors may define your participation in various outdoor activities.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Sleep disorders
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit the Safety First Guidelines on www.learningforlife.org.

Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. An adult leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but Learning for Life does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.

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 (SEE PART C).
 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 _____

MEDICAL HISTORY

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

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		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 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 _____

Exemption to immunizations claimed.

(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 _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>

NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Emergency contact No.:

Allergies:

DOB:

Last name:

Part B
PHYSICAL EXAMINATION

Height _____ Weight _____ Meets height/weight limits Yes No Blood pressure _____ Pulse _____

Individuals desiring to participate in any high-adventure activity or events in which emergency evacuation would take longer than 30 minutes by ground transportation will not be permitted to do so if they exceed the weight limit as documented at the bottom of this page. Enforcing the height/weight limit is strongly encouraged for all other events, but it is not mandatory. (For healthy height/weight guidelines, visit www.cdc.gov.)

	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs				Other	Yes	No	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			Explain
Emotional adjustment				Medical equipment (i.e., CPAP, oxygen)			

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

I certify that I have, today, reviewed the health history, examined this person, and approve this individual for participation in:

- Hiking and camping Competitive activities Backpacking Swimming/water activities Climbing/rappelling
 Sports Horseback riding Scuba diving Mountain biking Challenge ("ropes") course
 Cold-weather activity (<10°F) Wilderness/backcountry treks

Specify restrictions (if none, so state) _____

Certified and licensed health-care providers recognized by Learning for Life to perform this exam include physicians (MD, DO), nurse practitioners, and physician's assistants.

- To Health Care Provider:** Restricted approval includes:
 → Uncontrolled heart disease, asthma, or hypertension.
 → Uncontrolled psychiatric disorders.
 → Poorly controlled diabetes.
 → Orthopedic injuries not cleared by a physician.
 → Newly diagnosed seizure events (within 6 months).
 → For scuba, use of medications to control diabetes, asthma, or seizures

Provider printed name _____
 Signature _____
 Address _____
 City, state, zip _____
 Office phone _____
 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

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
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.

Part B Last name: _____ **DOB:** _____

Part C

Informed Consent and Hold Harmless/Release Agreement

I understand that participation in Learning for Life activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Learning for Life, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I approve the sharing of the information on this form with Learning for Life volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Learning for Life activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

- Without restrictions.
- With special considerations or restrictions (list)

Talent Release Form

I hereby assign and grant to Learning for Life the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by Learning for Life, and I hereby release the Learning for Life from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of Learning for Life, and I specifically waive any right to any compensation I may have for any of the foregoing.

- Yes No

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

Participant's name _____

Participant's signature _____

Parent/guardian's signature _____
(if under the age of 18)

Date _____

Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.



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www.learningforlife.org