

# **CENTRAL FIRE PROTECTION DISTRICT #4**



## **EXPLORER POST 300**

**Application Packet  
&  
Explorer and Rules/Regulations**

## CENTRAL FIRE PROTECTION DISTRICT #4

### EXPLORER POST 300

#### HISTORY OF THE EXPLORER POST 300 PROGRAM:

The Central Volunteer Fire Department's "Junior Fireman" Program was developed in 1972 for the youths in the Central Community that are interested in the Fire Service. Several years ago, the Junior fireman program became affiliated with the Boy Scouts of America Explorer Program, and thus became Explorer Post 300.

The Central Fire Protection District #4 (CFD) Explorer Post 300 Program was designed to educate those youths about various opportunities, responsibilities and objectives of the Central Fire Department and the Fire Service in general. These goals and objectives are accomplished through classroom training, lectures, ride-along experiences, and fire ground simulations as well as participating in volunteer and community activities.

The Central Fire Department Explorers receive training and instruction on the various skills required within the fire service such as CPR, First Aid, 1<sup>st</sup> Responder, and Fire Rookie School. All Central Fire Department Explorers are given the opportunity and are encouraged to pursue a college education and career within the fire service.

#### MEMBERSHIP:

- Those youths wishing to join the Central Fire Department Explorer Post 300 Program shall submit an Explorer Post application for membership, which will be reviewed for approval by the **Fire Chief** and the **Explorer Post Advisors Committee**.
- Only those youths, ages **14 through 18** are eligible to become members of the Central Fire Department Explorer Post 300.
- Applicants must reside within the Central Fire Department's District.
- Applicants must present approval by a parent or a guardian.
- Applicants shall maintain a "C" grade average or above in school or currently undergoing tutoring to help maintain the "C" grade average. (*See Academic Policy on Page 5*)

For more information, contact Post Advisor Brian Lawson at [blawson@centralfd.org](mailto:blawson@centralfd.org). Applications may be obtained online at <http://www.centralfd.org> & at the Central Fire Department Station 31 located at 11646 Sullivan Road Baton Rouge, La. 70818

## CENTRAL FIRE PROTECTION DISTRICT #4

### EXPLORER POST 300

#### EXPLORER POST RANKS:

1. **"Rookie Explorer"** - First 6 months (probation) Explorers will be allowed to only attend organized events and meetings. Must have signed forms turned in stating explorer has read & understood Explorer Rules & Regulations as well as CFD Standard Operating Guidelines.
2. **"Explorer"** - After 6 months – Explorers who have successfully **completing explorer firefighter evaluations, CPR/First Aid** and receiving the **approval of post committee to be promoted.**
3. **"Senior Explorer"** – Explorers who have turned 18, obtained the "Explorer" rank, and have been with the post for more than one year, may spend the night at the fire station pending approval of the post.

#### POST OFFICER POSITIONS:

Below is a description of the youth post leadership positions. These positions will be rotated among **ALL** explorers every **3 months**. "Rookie Explorers" will not be eligible for post officer positions until being released off of probation

1. **Post Chief** – This explorer will be the lead youth in post activities and events and will aide in post decisions and planning along with the Post Advisor.
2. **Assistant Post Chief** – The assistant post chief will be responsible for....and will fill in for the Post Chief in his/her absence. The Asst. Post Chief will be next in line to be Post Chief in the youth officer rotation
3. **Post Captain** – Responsible for keeping track of attendance rosters and providing them to Post Advisor. This individual will also be responsible for keeping track of Explorer equipment, inventory, and Central Fire Dept. items used in training and at events. Coordinating sign up for special events. The Post Capt. will be next in line to be Asst. Post Chief in the youth officer rotation

**EXPLORER POST 300 - APPLICATION FORM**

This application is to be filled out and returned to the Central Fire Protection District #4 Station 31 at 11646 Sullivan Road.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_

Present Physical Condition: \_\_\_\_ (Excellent) \_\_\_\_ (Good) \_\_\_\_ (Fair) \_\_\_\_ (Poor)

Are you currently on any medications? (If yes, list) \_\_\_\_\_

Current School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent(s)** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*A most recent copy of your latest report card must be attached this application form.**

*Once completed, this form will be reviewed for approval by the Explorer Post Advisors Committee. If approved, the explorer must then fill out a "Boy Scouts of America Youth Member Application" form which once turned in will be sent to the local scout office so that the applicant will be fully registered and insured. Only after this process will the then "Rookie Explorer" be allowed to attend training meetings and participate in post activities.*

CENTRAL FIRE PROTECTION DISTRICT #4

EXPLORER POST 300  
**Academic Policy**

Explorers still in high school will be required to provide copies of their grades **every six weeks** at the end of the grading period. Failure to provide grades or providing a report card showing less than a C average will result in the Explorer being placed on Academic probation. Explorers also shall not have any “F’s” or failing grades in any courses on their report card.

Explorers placed on Academic probation will only be allowed to attend weekly explorer post meetings and study at the station. Those on academic probation will not be allowed to ride on the apparatus, respond to incidents, or participate in field trips and Saturday drills.

To be removed from academic probation, explorers must either provide a letter from their teacher showing above a C average or an updated progress report card.

In addition to the academic policy, any explorer that has been suspended from school for any disciplinary reason shall be suspended from **ALL** post activities during the same duration of their school suspension. Explorers also shall not attend meetings on any days they were absent from school.

\*Sign below that you have read and fully understand the Explorer Post Academic Policy.

\_\_\_\_\_  
Explorer Member - Print

\_\_\_\_\_  
*Explorer Post Member - Signature & Date*

\_\_\_\_\_  
Parent/Guardian - Print

\_\_\_\_\_  
*Parent/Guardian - Signature & Date*

\_\_\_\_\_  
Explorer Advisor(Witness) - Print

\_\_\_\_\_  
*Explorer Advisor - Signature & Date*

**CONSENT, WAIVER, AND INDEMNITY AGREEMENT**

I/We hereby acknowledge and warrant that I/we are parent(s) and/or legal guardian(s) of \_\_\_\_\_ (hereinafter referred to as "Minor"), who is a minor child fourteen (14) years or older.

I/We have been advised, and fully understand, that by participating in the Explorer Post 300 Program (hereinafter "the Program") sponsored by the Central Fire Protection District #4, Minor may be exposed to dangers including but not limited to motor vehicle accidents, hazardous materials, toxic chemicals, electrical, chemical and other fires, HIV, Hepatitis, bodily fluids and/or other infectious diseases. I/We further understand that exposure to these dangers could result in severe or fatal injuries or sickness to Minor.

With full knowledge and understanding of these and all other risks and dangers attendant to participation in the Program, I/We hereby expressly consent, individually and on Minor's behalf, to Minor's participation in the Program.

With full knowledge and understanding of all of these risks and dangers on behalf of myself and Minor, I/We hereby expressly agree to assume these risks and dangers and waive any and all claims that I/We or Minor may ever have against Central Fire Protection District #4, its agents, employees, representatives or volunteers (collectively "Central") that may arise in connection with Minor's participation in the Program.

I/We further agree to indemnify, save and hold harmless Central from any and all liability, damages, and attorney's fees arising from any and all injuries to the person or property of Minor connected to Minor's participation in the Program even if such liability, claims or injury resulting from the strict liability or inactive fault of Central or from the sole, concurrent or comparative negligence and/or fault of Minor or Minor's guardians or parents.

Should any part(s) of this document be held invalid or unenforceable, all other parts shall remain in full force and effect.

I/We hereby certify and warrant that I have read this entire document and understand, and agree to its contents and terms.

Baton Rouge, Louisiana this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Explorer Member - Print

\_\_\_\_\_  
*Explorer Post Member - Signature & Date*

\_\_\_\_\_  
Parent/Guardian - Print

\_\_\_\_\_  
*Parent/Guardian - Signature & Date*

\_\_\_\_\_  
Explorer Advisor(Witness) - Print

\_\_\_\_\_  
*Explorer Advisor - Signature & Date*

\_\_\_\_\_  
Secondary Witness - Print

\_\_\_\_\_  
*Secondary Witness - Signature & Date*

## Rules & Regulations Statement of Understanding

I \_\_\_\_\_, hereby state that I have received, read, and fully understand the CFD Rules & Regulations. By signing this form, I understand that my violation of the rules and regulations may result in certain disciplinary actions being placed upon me including suspension and even dismissal from the post.

Baton Rouge, Louisiana this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Explorer Member - Print

\_\_\_\_\_  
*Explorer Post Member - Signature & Date*

\_\_\_\_\_  
Parent/Guardian - Print

\_\_\_\_\_  
*Parent/Guardian - Signature & Date*

\_\_\_\_\_  
Explorer Advisor(Witness) - Print

\_\_\_\_\_  
*Explorer Advisor - Signature & Date*

# Annual Health and Medical Record

(Valid for 12 calendar months)

## Medical Information

The Boy Scouts of America 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, the Boy Scouts of America 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 unit leaders must always protect the privacy of unit participants by protecting their medical information.

**Parts A and C** are to be completed annually **by all BSA unit members**. 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 day camp, day hikes, swimming parties, 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 unit leaders should review participants' health histories and become knowledgeable about the medical needs of the youth members in their unit. 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, or when the nature of the activity is strenuous and demanding, such as a high-adventure trek. Service projects or work weekends may also fit this description. 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 tour camping, jamborees, and Wood Badge training courses. It is important to note that the height/weight limits must be strictly adhered to if the event will take the unit beyond a radius wherein emergency evacuation is more than 30 minutes by ground transportation, such as backpacking trips, high-adventure activities, and conservation projects in remote areas.

## Risk Factors

Based on the vast experience of the medical community, the BSA has identified that the following risk factors may define your participation in various outdoor adventures.

- 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 Scouting Safely on [www.scouting.org](http://www.scouting.org).

## Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A 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 BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.

For frequently asked questions about this Annual Health and Medical Record, see Scouting Safely online at <http://www.scouting.org/scoutsource/HealthandSafety.aspx>. Information about the Health Insurance Portability and Accountability Act (HIPAA) may be found at <http://www.hipaa.org>.



BOY SCOUTS OF AMERICA.

# Annual BSA 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. \_\_\_\_\_  
 Unit leader \_\_\_\_\_ Council name/No. \_\_\_\_\_ Unit 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 the BSA. 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 (i.e., HIB) _____

Exemption to immunizations claimed.

### 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.

(For more information about immunizations, as well as the immunization exemption form, see [Scouting.org](http://Scouting.org).)

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature 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 \_\_\_\_\_ % body fat \_\_\_\_\_ Meets height/weight limits  Yes  No  
 Blood pressure \_\_\_\_\_ Pulse \_\_\_\_\_

Individuals desiring to participate in any high-adventure activity or event in which emergency evacuation would take longer than 30 minutes by ground transportation will not be permitted to do so if they exceed the height/weight limits as documented in the table at the bottom of this page or if during a physical exam their health care provider determines that body fat percentage is outside the range of 10 to 31 percent for a woman or 2 to 25 percent for a man. Enforcing this limit is strongly encouraged for all other events, but it is not mandatory. (For healthy height/weight guidelines, visit [www.cdc.gov](http://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				<b>Other</b>	<b>Yes</b>	<b>No</b>	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			<b>Explain</b>
Emotional adjustment				Medical equipment (i.e., CPAP, oxygen)			
Tuberculosis (TB) skin test (if required by your state for BSA camp staff) <input type="checkbox"/> Negative <input type="checkbox"/> Positive							

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 the BSA 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	Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
60	97-138	139-166	166	70	132-188	189-226	226
61	101-143	144-172	172	71	136-194	195-233	233
62	104-148	149-178	178	72	140-199	200-239	239
63	107-152	153-183	183	73	144-205	206-246	246
64	111-157	158-189	189	74	148-210	211-252	252
65	114-162	163-195	195	75	152-216	217-260	260
66	118-167	168-201	201	76	156-222	223-267	267
67	121-172	173-207	207	77	160-228	229-274	274
68	125-178	179-214	214	78	164-234	235-281	281
69	129-185	186-220	220	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 Scouting 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 the Boy Scouts of America, 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 BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting 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 Protected Health Information/ Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, including 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) \_\_\_\_\_  
\_\_\_\_\_

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/ film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity 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 the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes  No

Adults authorized to take youth to and from the event: (You must designate at least one adult. Please include a telephone number.)

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

Adults NOT authorized to take youth to and from the event:

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

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.



BOY SCOUTS OF AMERICA  
1325 West Walnut Hill Lane  
P.O. Box 152079  
Irving, Texas 75015-2079  
<http://www.scouting.org>



**Part C** Last name: \_\_\_\_\_ DOB: \_\_\_\_\_

Rev. 9/2009

**Central Fire Protection District #4 Explorer Post 300**  
**Basic & Emergency Contact Information**

Name: \_\_\_\_\_ Join Date: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Primary Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

( ) \_\_\_\_\_ - \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

ID # \_\_\_\_\_ Drivers' License # \_\_\_\_\_

School Attend \_\_\_\_\_

Homeroom Teacher Name \_\_\_\_\_

**Medical Information**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Date of Last Physical: \_\_\_\_\_

Name of Primary Physician: \_\_\_\_\_

Phone for Primary Physician: \_\_\_\_\_

Medications Currently Taking: \_\_\_\_\_

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

## CENTRAL FIRE PROTECTION DISTRICT #4

### EXPLORER POST 300

#### EXPLORER RULES AND REGULATIONS:

1. Explorers will be allowed to respond to emergencies with the Central Fire Department only after obtaining written permission from their parent and the Chief of Central Fire Department. The Explorer must also demonstrate the skills set forth by the Explorer Committee before responding to any emergencies.
2. Use of alcohol, drugs, or tobacco products, while at any Central Fire Department activity or function, ***is strictly prohibited***.
3. Follow directions of Officers & Firefighter
4. Explorers will address CFD employees by their title & adults by “**Mr./Ms./Mrs.**” and show respect to all adults while representing the Explorer Post.
5. No horseplay on CFD property or at any time while representing CFD. (This includes anytime the Explorer is wearing the Explorer t-shirt)
6. Explorers will not participate in any **interior** firefighting operations
7. Explorers will not climb ladders or on top of CFD apparatus
8. Explorers will notify the advisor & get permission from the captain on duty prior to arriving at station.
9. Explorers will be required to attend 50% of the post meetings per quarter. Explorers not attending three (3) meetings a quarter will be placed on probation or suspension, and the parents will be notified.
10. Explorers will be restricted to Station 31 (11646 Sullivan Rd.), unless participating in special events.

11. Before leaving the station, Explorers need to first notify the Captain on duty. If the on duty Firefighter is on an emergency call, the Explorer will be required to call the captain at St. 33 or 35.
12. Explorers will abide by CFD Standard Operating Guidelines(SOG) and sign statements of understanding indicating they're familiar with the CFD SOG's
13. Explorers will not respond to **any calls** outside of the CFD Protection district
14. Explorers will remain at the fire station or in CFD apparatus on all Haz-Mat & dangerous scenes requiring an "all clear" from law enforcement
15. Explorers under the age of 18 will not respond to any calls after **2200 hours or before 0700 hrs**
16. Seat belts **WILL BE** worn at all times while in CFD apparatus & vehicles
17. Explorers will **NOT** drive any CFD apparatus or vehicles
18. No explorer shall have emergency lights is his/her personally owned vehicle.
19. Explorers will stay away from all energized electrical equipment
20. Explorers will **NOT** operate the pump of any apparatus and or any portable equipment during **ANY** response.
21. Explorers shall have the following items while at the fire station
  - Exploring uniform (**Clean & tucked** Explorer Post t-shirt, jeans, belt)

- Exploring Turnout Gear/PPE
- Accountability Tags
- Watch, Pen, Paper
- Closed toe shoes

22. Any violations of these rules and regulations or failure to take orders or directions, will be handled by the Advisor and/or the Fire Chief.

23. Explorers must bring all prescribed medication needed while on duty and participating in post activities.

24. **If the Explorer has any problem that arises, it will be brought to the attention of one of the Explorer Post 300 Advisors. If the Explorer is unable to contact an Advisor, then the Explorer is to contact an Officer of the Central Fire Department.**

***\*Additional rules may be put in place by the officer/firefighters working with explorer at the fire station or on the scene of an incident***

## CENTRAL FIRE PROTECTION DISTRICT #4

### EXPLORER POST 300

#### **DRESS/APPEARANCE RULES AND REGULATIONS FOR EXPLORERS:**

- The Explorer dress code is to be followed while representing the Central Fire Department at any event or function.
- Each explorer shall be provided with a CFD Explorer Post t-shirt.
  - When wearing undershirts such as T-shirts, insulated undershirts, etc., they should not be visible outside of the uniform shirt
  - Shirts will be clean & tucked in at all times
- Explorers shall wear long blue jean or navy blue pants complete with a belt. For all post functions & activities.
  - Pants should be clean and free of holes/tears
- Explorers shall wear closed toe shoes or work boots for all post functions & activities
- Explorers shall not have any visible tattoos or body piercings while in CFD explorer uniform
  - Facial, tongue, and dangling earrings *are strictly prohibited* for safety reasons.
- Explorers shall have a wrist watch with a second hand while on duty at any CFD Station or Explorer event
- Explorers shall be well groomed with no facial hair.
  - Explorer's hair length for males is off the collar in the back and above the ears on the sides. Female Explorers with below shoulder length hair shall wear their hair pulled back, and shall be cognizant of the potential safety risks involved with long hair (fire, contamination hazard, handle for unruly patient, caught in machinery, etc.)
  - Explorers shall not have any extreme, eccentric, or trendy haircuts or hairstyles.

***\* Any explorer seeking clarification on the "Dress/Appearance Rules" may request a copy of Section 126 of the CFD Employee Handbook***

THESE DRESS RULES AND REGULATIONS WILL BE FOLLOWED WHILE AT ANY CENTRAL FIRE DEPARTMENT FUNCTION OR ACTIVITY INCLUDING EVENTS SUCH AS BALLGAMES, OPEN HOUSE DEMONSTRATIONS, AND ALL EMERGENCY CALLS, ETC. THE CHIEF OF THE CENTRAL FIRE DEPARTMENT AND THE EXPLORER ADVISORY BOARD HAVE THE FINAL AUTHORITY OF DRESS RULES AND REGULATIONS, AS THIS MAY VARY DEPENDING ON THE ACTIVITY OR EVENT.

***\*Additional rules may be put in place by the officer/firefighters working with explorer at the fire station or on the scene of an incident***

## CENTRAL FIRE PROTECTION DISTRICT #4

Minimum requirements for riding on Central Fire Department apparatus & responding to calls:

1. 6 months as an Explorer
2. Current CPR Certification
3. Current First Aid certification or Greater
4. Knowledge of CFD Explorer Post 300 rules & guidelines
5. Pass written exam on firefighting skills
6. Knowledge of CFD & Explorer Post chain of command
7. Signed waiver form on file with Central Fire Dept.
8. NOT on probation or suspension from post
9. Approval of Advisor & Fire Chief
10. Pass Explorer Skill Assessment
  - a. Tool identification
  - b. SCBA bottle change
  - c. 2 man ladder carry
  - d. Demonstrate proper inspection & care of PPE
  - e. Knot tying assessment
  - f. Proper use of fire extinguisher
11. **ONLY EXPLORERS WITH FIRST RESPONDER OR GREATER WILL BE ALLOWED TO RESPOND TO MEDICAL CALLS & MOTOR VEHICLE ACCIDENTS!**
  - a. **If an explorer without First Responder or greater is already on the responding CFD apparatus when such a call is dispatched, he/she shall remain in the apparatus for the duration of the incident.**

- b. **AT NO TIME SHALL A EXPLORER WITHOUT FIRST RESPONDER OR GREATER HAVE ANY PATIENT CONTACT!**