

Kensington Fire Rescue

**EXPLORER - LEARNING FOR LIFE
APPLICATION**

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

E-MAIL: _____

PHONE: _____

DATE OF BIRTH & AGE: _____

SCHOOL ATTENDING: _____

EMPLOYER: _____

**EXPERIENCE/TRAINING RELATED TO THE EMERGENCY
SERVICES:** _____

**ARE YOU A MEMBER OF ANY OTHER EXPLORER GROUP OR
VOLUNTEER FIRE DEPARTMENT?** _____

**CONTACT TO NOTIFY IN CASE OF
EMERGENCY:** _____

**DO YOU HAVE ANY SPECIAL NEEDS OR MEDICAL CONDITIONS THAT
WE SHOULD BE AWARE OF?** _____

ALL INFORMATION TO BE KEPT STRICTLY CONFIDENTIAL.