

Ocoee Fire Explorers

Application For Membership

Directions: This application contains the following eight documents to be completed in blue or black ink:

1. Personal Information;
2. Criminal & School History: Be honest- we check;
3. References;
4. Authorization for Medical Treatment;
5. Emergency Notifications;
6. Release of Civil Liability;
7. Statement of Confidentiality; and
8. Talent Release.

The applicant and the applicant's parent or guardian (if the applicant is under eighteen years of age) must sign the pages for References, Authorization for Medical Treatment, Release of Civil Liability, Statement of Confidentiality, and Talent Release in the presence of a Notary. The notary must stamp these pages.

PERSONAL INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: ____/____/____

Place of Birth: _____

Home Phone Number: (____) _____-_____

Mobile: (____) _____-_____; Pager / Beeper: (____) _____-_____

Race: _____ Sex: _____ Eye Color: _____ Hair Color: _____

Social Security Number: _____-_____-_____

School: _____

Drivers License Number: _____

Parent or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Number: (____) _____-_____

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CRIMINAL AND SCHOOL HISTORY

Have you ever been suspended or expelled from any school?

No

Yes, Explain in detail:

Have you ever sold or consumed any illegal drugs?

No

Yes, Explain in detail (what type of drug, how much was used, when was the last time the drug was used):

Have you ever been arrested or charged with ANY crime EVER?

No

Yes, explain in detail (the charge, final court disposition, arresting police department, case number, and court case number):

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REFERENCES

Please list three references, other than relatives, that you have known for at least two years. This is to determine your character, experience, personality, and other qualities.

Name: _____

Address: _____

Telephone: (_____) _____ - _____

Name: _____

Address: _____

Telephone: (_____) _____ - _____

Name: _____

Address: _____

Telephone: (_____) _____ - _____

Your acceptance as a member of the Ocoee Fire Department Explorer Program is based on your *accurate completion* of this application, criminal history, and overall good character. *Membership is a privilege, not a right.*

I affirm that this application contains no misrepresentations, falsifications, omission, or concealment of material fact. I also affirm that the information given by me is true and complete to the best of my knowledge. I am aware that any falsifications will terminate my application for membership in the Ocoee Fire Explorers.

Signature Of Applicant

Parent or Guardian if under 18

State of _____

County of _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____,

If Notary, Stamp required

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Authorization For Medical Treatment

I, _____ as the legal parent / guardian of _____ do hereby request the City of Ocoee, the Ocoee Fire Department, or the Ocoee Fire Explorers notify the following persons in the event of an illness, injury, or emergency. If the listed persons cannot be reached or if the minor child listed above requires immediate medical treatment, I hereby request and authorize the City of Ocoee, the Ocoee Fire Department, their employees and Ocoee Fire Explorers to seek immediate medical treatment and to transport or seek transportation by ambulance if necessary, of said minor child to a medical facility for any treatment deemed to be medically necessary for the health, safety, or welfare of the child.

I hereby agree to indemnify, save and hold harmless the City of Ocoee, the Ocoee Fire Department, the Ocoee Fire Explorers, employees, agents or assignees from any and all rights, actions, claim, causes of action, suits, losses, damages, judgments, claims, cost, or expense of any kind as well as attorney's fees on appeal, which may result from or occur as a result of or in connection with the participation of the previously listed child in any program sponsored by or promoted by the City of Ocoee, the Ocoee Fire Department or the Ocoee Fire Explorers. I additionally agree to be responsible for any cost associated with or resulting from said medical treatment and transportation.

Signature Of Applicant

____/____/_____
Date

Parent or Guardian if under 18

____/____/_____
Date

State of _____
County of _____

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EMERGENCY NOTIFICATIONS

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____-_____

Other Phone: (_____) _____-_____

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____-_____

Other Phone: (_____) _____-_____

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____-_____

Other Phone: (_____) _____-_____

Local Hospital Preference: _____

Allergies / Medications: _____

Current or Required Medications: _____

Physician's Name: _____

Phone Number: (_____) _____-_____

Insurance Company: _____

Policy Number: _____

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RELEASE OF CIVIL LIABILITY

In considerations of the privileges being granted to _____ by the Ocoee Fire Explorers, the Ocoee Fire Department, and the City of Ocoee to use the facilities in the Ocoee Fire buildings and benefit from participation in the Ocoee Fire Explorers. I hereby assume all risk of personal injury, death, and property damage or loss from whatever causes arises while the above named child is approaching, entering, using, leaving, or being about any property of the City of Ocoee. While using, intending to use or being granted this privilege, including but not limited to being transported from or to any off campus site location while participating in this program, I release the City of Ocoee, the Ocoee Fire Department, and the Ocoee Fire Explorers, it's officers, employees, agents, assignees and servants from any liability, or contribution to such liability, while using these privileges.

I further indemnify and hold harmless the Ocoee Fire Department, the City of Ocoee, and their employees, assignees, agents and the Ocoee Fire Explorers from and against any and all damages, suits, claims, personal injury, including death, attorney's fees and attorney's fees on appeal.

It is further understood and agreed by me that the Ocoee Fire Explorers, Ocoee Fire Department, and the City of Ocoee may revoke this privilege at any time.

Signature Of Applicant

____/____/_____
Date

Parent or Guardian if under 18

____/____/_____
Date

State of _____
County of _____

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STATEMENT OF CONFIDENTIALITY

Florida Statutes prohibit the unauthorized disclosure of information from particular fire and medical records. I understand that the unauthorized disclosure of this or other protected information could lead to my dismissal from the Ocoee Fire Explorers program and/or possible criminal penalties.

As an Explorer for the Ocoee Fire Department, I understand that I will be held accountable under law for the disclosure of any and all information related to fire and EMS matters or confidential cases.

I further understand that I will not release any information obtained as a result of my participation in the Ocoee Fire Explorers unless specifically authorized in advanced by a representative of the Ocoee Fire Department.

I further understand that as an Explorer, I shall not represent myself as a firefighter, take any action that might lead a reasonable person to believe that I am a firefighter, or take any job related action not specifically authorized or requested by a member of the Ocoee Fire Department. I fully understand that such actions may lead to criminal prosecution for unauthorized display of fire insignia and/or impersonating a certified firefighter or EMS provider.

Signature Of Applicant

____/____/_____
Date

Parent or Guardian if under 18

____/____/_____
Date

State of _____
County of _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____,

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