



*St. Stephens Fire Department  
Explorer Program  
(Application)*



Date: \_\_\_\_\_

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

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

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Current Grade: 1 2 3 4 5 6 7 8 9 10 11 12

School Attending: \_\_\_\_\_

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

**In Case of Emergency Contact Information**

Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Work Number: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Sports or other Activities: \_\_\_\_\_

Reason why you want to become a Explorer Firefighter:

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Applicant Signature

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Parent/Guardian Signature