

# EXPLORER APPLICATION

Explorer applications need to be hand delivered to the Yucca Fire Department. Information that is not included on the application will not be considered. All applications must be completed in BLACK ink, legible and complete to be accepted. Parents must sign and accept the Explorer Waiver of Liability for application to be considered complete.

<b>Position Applied For: Fire Explorer</b>			
Last Name:	First Name	M.I.	DOB
Mailing Address	City	State	ZIP
Email Address	Phone Number	Cell Number	
Parents Name		Cell Number	
Parents Name		Cell Number	
In Case of Emergency Contact:		Phone Number	

## EDUCATION AND TRAINING INFORMATION

School Level	Name	Address	Current Grade
Middle School			
High School			
College/University			
Current GPA			
Other: Special Training or skills related to position			

## PERSONAL INFORMATION

	Yes	Yes
Are you under the age of 18?		
Have you been convicted of a misdemeanor or felony within the last 5 years? (If yes, please use a separate sheet of paper to explain. This will not necessarily exclude you from consideration)		
Are you related to anyone who works for the Yucca Fire Department? If yes, Who? Kathy Jenkins, Monte Lambert		
Do you have any pertinent medical conditions? If so, what?		
Do you take any medications or have any allergies? If so, what?		

**EXPERIENCE**

Please give complete information. A resume may be attached, but cannot be substituted for this section. You may also include any relevant volunteer experience.

Dates Employed From	Name of Employer	Address	City	State	Zip
To	Title of your Position		Supervisors Name and Phone Number		
Hours per week	Type of work performed (Be Specific)				
Reason for Leaving					

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To	Title of your Position		Supervisors Name and Phone Number		
Hours per week	Type of work performed (Be Specific)				
Reason for Leaving					

**REFERENCES**

Give the names and addresses of three people, not relatives, with whom you have known for at least one year. You may use past employers, teachers, or friends parents, etc.

Name	Address	Relationship	Phone Number

**PROGRAM INFORMATION**

How did you find out about the Yucca Fire Department Explorer Program?
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In your own words, tell us why you want to become a Yucca Fire Department Explorer:
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What are you hoping to learn from the Yucca Fire Department Explorer Program?

In this space, tell us about yourself:

**OTHER**

Use this space for additional information about your qualifications and responses to questions.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I understand that any and all information contained herein will be used solely for the Yucca Fire Department Explorer Program. All information contained in this application is correct to the best of my knowledge and I understand that any misstatements of material facts will subject me to disqualification of dismissal of the Explorer Program.

Explorer Signature	Printed Name	Date		
Parent Signature	Printed Name	Date		
Parent Signature	Printed Name	Date		
Fire Administration		Approved	Denied	Date



# YUCCA FIRE DEPARTMENT

12349 Frontage Road P.O. Box 327 Yucca AZ 86438  
928-766-2300 www.YuccaFire.com



## Explorer Program Waiver of Liability

In consideration of my receiving permission from the Yucca Fire Department to enter upon the premises of any fire station, drill ground, or related entity, any other premises owned and/or operated and/or used by any fire station or the Townsite of Yucca, and in further consideration of receiving permission from legal guardian to participate in Yucca Fire Department Explorer Program, wherein I will be participating in Yucca Fire Department Explorer activities, the undersigned hereby releases the Yucca Fire Department, the Townsite of Yucca, and any and all agents, officers, servants, employees, attorneys, or other representatives of the foregoing from any and all liability, claims, demands, actions, and causes of actions, whatsoever, arising out of or related to any loss, property damage, physical injury, contagious disease, or death that may be sustained by me while participating in any Yucca Fire Department Explorer Program activities, in, on, or upon any premises, vehicles or apparatus owned, occupied, or used by the foregoing, or which may be sustained by me while at the scene of any real or apparent emergency situation requiring a response of the Yucca Fire Department, or while commuting to and from the fire station(s) and other points.

\_\_\_\_\_  
Initials

I hereby certify that I am duly aware of the risk and hazards, including serious physical injury or death, inherent, upon participating in the Yucca Fire Department Explorer Program, that such risks and hazards may exist even in non-emergency situations, and being duly aware of such risks and hazards, I hereby elect, voluntarily, to participate in the Yucca Fire Department Explorer Program. By signing this Waiver of Liability, I hereby assume all risks of loss, damage, and/or injury, including death that may be sustained by me or by any of my property while participating in the Yucca Fire Department Explorer Program, whether or not caused by the act, omission, or other fault of the Town, its officers, its employees or by any other cause.

\_\_\_\_\_  
Initials

I further agree to defend, indemnify and hold harmless the Town, its officers, employees, insurers, and self-insurance pool, from and against all liability, claims, and demands, including any third party claim asserted against the Town, its officers, employees, insurers, or self-insurance pool, on account of injury, loss or damage, including without limitation claim arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, or any other loss of any kind whatsoever, which arise out of or are in any way related to the above-described activities, whether or not caused by my act, omission, negligence, or other fault, or by the act, omission, negligence, or other fault of the Town, its officers, its employees or by any other cause.

\_\_\_\_\_  
Initials

By signing this Waiver of Liability, I hereby acknowledge and agree that said AGREEMENT extends to all acts, omissions, negligence, or other fault of the Town, its officers, and/or its employees, and that said AGREEMENT is intended to be as broad and inclusive as is permitted by the laws of the State of Arizona. If any portion hereof is held invalid, it is further agreed that the balance shall, notwithstanding, continue in full force and effect.



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I understand and acknowledge that the Town, its officers, and its employees are relying on, and do not waive or intend to waive by any provision of this Waiver of Liability, the monetary limitations (presently \$150,000 per person and \$600,000 per occurrence) or any other rights, immunities, or otherwise available to the Town, its officers, or its employees

Initials

\_\_\_\_\_

I understand and agree that this Waiver of Liability shall be governed by the laws of the State of Arizona, and that jurisdiction and venue for any suit or cause of action under this Agreement shall lie in the courts of Mohave County, Arizona.

Initials

\_\_\_\_\_

This release shall be binding upon my relatives, spouse, heirs, distributees, next of kin, executors, administrators, and any other interested parties.

In signing this release, I hereby acknowledge and represent:

1. That I have read the rules and regulations outlined in the Explorer Program Manual
2. That I have read this release, understand it, and sign it voluntarily;
3. That I am between the years of 14-21 and that I am of sound mind and of sound physical health;
4. That any injuries or other damage suffered by me will not be compensable by Worker's Compensation or any other insurance program maintained by the Townsite of Yucca or the Yucca Fire Department.

I also agree to adhere to the following guidelines:

1. I will abide by any and all applicable rules and regulations of the Yucca Fire Department Explorer Program.
2. I also agree that I have no physical or mental handicaps that may affect me during my participation in this program or which may be aggravated by my participation in this program, except for the following:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Despite the Department's knowledge of this disability or defect, I agree that their continuing grant of permission for me to participate in this program shall not subject them to any liability.



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4. I also authorize and instruct the Yucca Fire Department or their authorized representatives to notify the following person in case of any accident in which I am involved while participating in this program or while I am commuting to and from the fire station(s) or other points.

\_\_\_\_\_  
Name and Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

5. I have not been denied participation in the Yucca Fire Department Explorer Program for criminal record, background investigation, or medical reasons.

6. If I have been denied membership in another fire/rescue organization outside of Yucca, said reason(s) will be disclosed upon request to the Department's authorized representative.

7. Should I be a bona fide member of a fire and/or rescue association or department, I will disclose the name of such organization:

\_\_\_\_\_  
Name of Organization:

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone /Chief Officer

8. Upon request, a medical waiver statement from a physician must be submitted to substantiate fitness to perform in the Yucca Fire Department Explorer Program.

This release form shall become a permanent record of the Yucca Fire and Rescue Department.

\_\_\_\_\_  
Signature and Printed Name of Participant

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Telephone/Work Telephone/Date of Birth

\_\_\_\_\_  
Signature and Printed Name of Legal Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Telephone/Work Telephone/Date of Birth