



# MERRIMACK FIRE RESCUE EXPLORER PROGRAM

432 Daniel Webster Highway  
Merrimack New Hampshire 03054  
603.424.3690 ♣ Fax 603.424.0603



## Application Form

### Parents/Guardian Information

Name: \_\_\_\_\_ Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### Applicant General Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

E-Mail Address: (Explorer) \_\_\_\_\_

Are you employed YES ☐ NO ☐ Where \_\_\_\_\_

Average hours worked per week \_\_\_\_\_ Are you available on Tuesday nights: \_\_\_\_\_ YES ☐ NO ☐

Career interests: \_\_\_\_\_

Previous Emergency Training: \_\_\_\_\_

Do you have a valid driver's license \_\_\_\_\_ If "YES", for how long \_\_\_\_\_

List any traffic violations you have received Use additional paper if necessary

Have you ever been arrested for a crime \_\_\_\_\_ If "YES", what and when

Have you ever been convicted of a crime \_\_\_\_\_ If "YES", what and when

Have you ever used drugs \_\_\_\_\_ If "YES", what and when

Have you ever been suspended from school \_\_\_\_\_ If "YES", when and why

How many days absent / tardy last semester / quarter \_\_\_\_\_

What is your current GPA when you last attended school \_\_\_\_\_

## Medical History:

Participation as a Fire Service Explorer can be physical demanding on the applicant. This would include lifting heavy objects, climbing ladders, using Self Contained Breathing Apparatus, rappelling, CPR and working around medical situations. It is important that the applicant have no medical conditions that would put them at any risk while participating in this activity.

*Check all items that apply, past or present, to your health history. Explain any "Yes" answers.*

**Allergies:** Food, medicines, insects, plants etc Explain: \_\_\_\_\_

Asthma ☐ Seizures ☐ Heart Problems ☐ High blood etc.

Other Medical Concerns: \_\_\_\_\_

List any medications currently taking \_\_\_\_\_

Name of personal physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

I certify as parent or guardian of the applicant that I understand the requirements of a Fire Service Explorer and he or she had no medical or physical condition that would cause any health conditions and harm to the applicant.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Adult References:

All applicants must provide two letters of recommendation from an adult that you know. This adult cannot be an immediate family member or relative. The letter of recommendation must be addressed to the Chief of the Merrimack Fire Department (you need to find out who that is). In the content of the letter the author should provide information such as; a character reference, identify intellectual promise, creative original thought, disciplined work habits, maturity, motivation, leadership, integrity, concerns for others, self-confidence, initiative, independence and at least one accomplishment or goal you have achieved from your past.

## Teacher Reference

The applicant must have a teacher complete the Teacher Evaluation document and that document must accompany your application.

**All applicants must provide a Resume of their accomplishments and a cover letter on why they want to be a member of the Fire Department Explorer Program. Please include what Emergency Fire and Medical Services mean to you.**

Send to Merrimack Fire department, Attn: Explorer Post 2904 Advisor, 432 Daniel Webster Hwy, Merrimack, NH 03054.