



MERRIMACK FIRE RESCUE EXPLORER PROGRAM

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



Teacher Evaluation

After completing the items below, give this form to a high school teacher who has taught you. Please also give that teacher a stamped envelope addressed to Merrimack Fire Rescue, Explorer Post 2904 Advisor, 432 Daniel Webster Hwy, Merrimack, NH 03054.

Applicant Information

Name: _____ Age: _____ Date of Birth: _____
Address: _____ State: _____ Zip: _____ Home Phone: _____
School you now attend _____

TO THE TEACHER

Your candid evaluation will be helpful in choosing qualified candidates for admission into Merrimack Fire Department Explorer Post 2904. Please return it in the envelope provided to you by this student. Please submit your evaluation as soon as possible. **Be sure to sign below**, Thank you for your cooperation.

Teacher's name _____ Subject taught _____
(Mr./Ms./Dr., etc.) Please print or type

Signature _____ Date _____

Secondary School _____

School Address _____

Teacher's Phone _____ Teacher's e-mail _____
Number Ext.

Background Information

How long have you known this student and in what context?

What are the first words that come to your mind to describe this student?

