



# Oswego Town Volunteer Fire Department

## Explorer Post #34

640 County Route 20  
Oswego, New York 13126  
315•343•2030  
www.otvfd.com



## APPLICATION FOR MEMBERSHIP

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Current School Name \_\_\_\_\_ Current Grade \_\_\_\_\_

E-Mail Address \_\_\_\_\_

By submitting this application, I am expressing my interest in joining Explorer Post #34 of the Oswego Town Volunteer Fire Department. I agree to uphold all the rules and regulations of the explorer post and obey all instructions given by Explorer Post Advisors and Department Line Officers. I have read the attached materials and understand the information presented in them.

Explorer's signature \_\_\_\_\_

I hereby give my son/daughter my permission to participate in activities related to Explorer Post #34 of the Oswego Town Volunteer Fire Department. I have read the attached materials and understand the information presented in them.

Parent/Guardian's signature \_\_\_\_\_

Relationship to requesting member \_\_\_\_\_

### DEPARTMENT USE

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

Explorer Advisory Board Decision: \_\_\_\_\_

Line Officer's Notification: \_\_\_\_\_

Executive Board Notification: \_\_\_\_\_

Commissioner's Notification: \_\_\_\_\_



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### **SUPPLEMENTAL INFORMATION**

*This information will be used if it is necessary to get in touch with someone in the event of an emergency.*

Name \_\_\_\_\_

Current School Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Other Important Number for emergency use (Pagers, Cell Phone, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Typical Work Hours \_\_\_\_\_ Typical Work Hours \_\_\_\_\_

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Allergies \_\_\_\_\_ Blood Type (If known) \_\_\_\_\_

Medical History \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

# Oswego Town Volunteer Fire Department Explorer Post #34 Authorization for Emergency Treatment of Minors

NAMES OF MINORS	BIRTHDATE

I/We being the parent(s) or legal guardians of the above named minor do appoint any officer of the Oswego Town Volunteer Fire Department or Explorer Post Advisory Panel member, to act in my/our behalf in authorizing emergency medical, dental, surgical care and hospitalization for the above named minor(s) during the period of my/our absence.

MONTH	DAY	YEAR	through	
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This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as emergency medical, dental, surgical care or hospitalization may be required.

PARENT/GUARDIAN	WITNESS
Signature	Signature
Address	Address
State   ZIP   Phone	State   ZIP   Phone

Hospitalization coverage for the above named minor(s):

NAME OF INSURANCE COMPANY OR GOVERNMENT PROGRAM
IDENTIFICATION OR CONTRACT NUMBER

Family Physicians

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

Hospital Preference:

Allergies/Medical Condition(s)

NAME	ALLERGY/CONDITION

Immunizations

NAME	ARE THEY UP TO DATE?	ADMINISTERED BY

It is the obligation of the parent(s) to notify the department of any changes in medical status that will effect this document.