

# DeKalb County Fire Rescue Explorer Program

## Membership Application

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Number) (Street) (Apt. Number)

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

Phone: (Home) \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

E-Mail: \_\_\_\_\_

Circle One:    MALE            FEMALE

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

Parents or Guardian's Name: \_\_\_\_\_

What is your grade point average? \_\_\_\_\_

Other club memberships: \_\_\_\_\_

Are you able to perform strenuous physical activity? \_\_\_\_\_

Why do you want to be a Fire Rescue Explorer?  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the Explorer program? \_\_\_\_\_

**\*\*Return completed application to:\*\***

**Karen Crowder  
Explorer Program Coordinator  
3630 Camp Circle  
Decatur, GA 30032  
404-297-3893 Office  
404-294-2246 Fax**