

DeKalb County Fire Rescue Explorer Program
Explorer Information Sheet
(Please Print Legibly)

Last Name: _____

First Name: _____

Middle Name: _____

Name Called: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ (CELL) _____ (HOME)

Date of Birth: _____ Age: _____

Applicants E-Mail: _____

School Currently Attending and Grade: _____

***Parent or Guardian Information:**

Last Name: _____

First Name: _____

Relationship: _____

Phone Number: _____ (CELL) _____ (HOME)

E-Mail: _____

***Parent or Guardian Information:**

Last Name: _____

First Name: _____

Relationship: _____

Phone Number: _____ (CELL) _____ (HOME)

E-Mail: _____

***Emergency Contact: (if parent/guardian is unavailable)**

Name: _____

Relationship: _____

Phone Number: _____ (CELL) _____ (HOME)

E-Mail: _____

****All information is kept confidential****

DeKalb County Fire Rescue Explorer Program

Explorer Medical Release

In the event of illness, injury, and/or exposure occurring to my child _____ **(print name)** while involved in any Explorer trip or activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Parent/Guardian Name (print): _____

Insurance Company: _____

Policy Number: _____

Signature: _____ Date: _____
(Parent / Guardian)

DeKalb County Fire Rescue Explorer Program

Explorer Personal Health and Medical Record

***Identification:**

Explorer Name: _____

Date of Birth: _____ Gender: _____

Name of Parent/Guardian: _____

***Physician Information:**

Doctors Name: _____

Office Number: _____

Hospital Preference: _____

***Medical Information:**

Medications currently taking (name/dosage/how often):

Allergies (food, medications, insects, plants, etc):

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

***Limitations:**

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.:

Activity Restrictions: _____

Diet Restrictions: _____

List any physical or behavioral condition that may affect or limit full participation in strenuous training exercises: _____

List any limitations to training in adverse weather conditions (hot, cold, rain, etc.):

***General Medical Information:**

Explorers Name: _____

Circle all items that apply, past or present, to your health history:

Abdominal Problems Explain: _____

ADHD

Anemia

Asthma

Bone/Back/Joint Problems Explain: _____

Behavioral Explain: _____

Blood Borne Disease Explain: _____

Cancer/Leukemia

Chicken Pox Date Had: _____

Convulsions/Seizures

Diabetes

Heart Problems Explain: _____

Hemophilia

High Blood Pressure

Kidney Disease

Menstrual Problems Explain: _____

Nervous Condition Explain: _____

Skin Problems Explain: _____

Tuberculosis Active Inactive

Vision Problems Explain: _____

Other Explain: _____

DeKalb County Fire Rescue Explorer Program
Parent/Guardian Agreement

As a parent/guardian of a DeKalb County Fire Rescue Explorer, I agree to abide by the following requirements:

Please initial each item in agreement. All items must be initialed/agreed upon.

_____ I will see that my child arrives on time for Explorer Post functions (meetings, events, etc). I understand that he/she should be at the location at least 15 minutes prior to the start time.

_____ I understand that it is my responsibility to see that my child is picked up promptly at the end of any Explorer function.

_____ I understand that no member of the Explorer Program staff will provide transportation to or from any Explorer function for my child. I further understand that it is my sole responsibility to see that my child has transportation.

_____ My child is allowed to ride public transportation (MARTA bus or train). **YES NO**

_____ The following persons have my permission to transport my child to or from an Explorer function. (PRINT)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Explorer Name (print): _____

Parent Name (print): _____

Parent Signature: _____ **Date:** _____



**DeKalb County
Fire Rescue Department**

Release from Liability and Indemnification Agreement

I, _____ (**print Explorer's name**) and
_____ (**print Parents/guardians name**),
(hereinafter "Volunteer") have entered into an agreement with DeKalb County, by
which I have voluntarily agreed to participate.

1. Voluntary Participation. I am not an employee of DeKalb County, for which I will be performing voluntary services. I will assume liability for any bodily or personal injury received as a result of performing the voluntary services. I further agree that, if I suffer any bodily or personal injury or illness arising out of, and in the course of, performing the voluntary services, I will not be entitled to recover any workers' compensation benefits.

2. Release. I hereby agree that I, my assignees, heirs, distributees, guardians and/or legal representatives will not make a claim or institute any proceeding against, sue or attach property of DeKalb County on account of injury, illness or damages resulting from negligence or other acts, howsoever caused, by any employee, agent or contractor of DeKalb County as a result of my participation in the volunteer service. I hereby release DeKalb County from all actions, claims or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury, illness or damages from my participation in the volunteer service.

3. Indemnification. I hereby agree to assume responsibility and liability for any damage, loss, or injury, including death, of any kind or nature whatever to person or property, including employees and property of DeKalb County, caused by or resulting from any error, or omission of the Volunteer, or the negligent act of the Volunteer or its subcontractors or any of their officers, agents, servants, or employees, arising from the performance of the work under this Agreement. The Volunteer shall defend, indemnify, and hold harmless DeKalb County and all of its officers, agents, servants, or employees from and against any and all claims, loss, damage, charge, or expense to which they or any of them may be put or subjected by reason of any such damage, loss, or injury. The Volunteer expressly agrees to defend against any claims brought or actions filed against the County, where such claim or action involves, in whole or in part, the subject of the indemnity contained herein, whether such claims or actions are rightfully or wrongfully brought or filed.

4. Knowing and Voluntary Execution. I have read this release and indemnification agreement and fully understand its contents. I am aware that this is a release of liability and indemnification agreement, that it is a contract between DeKalb County and me and I am signing it of my own free will.

***Photo Release**

Permission is granted to DeKalb County, any or all of its behalf, to photograph or videotape _____ **(print Explorer's name)** for purposes of publicity, public relations, advertising, newsletters and the like. The photographs are discharged and released from any and all claims arising out of the use of photos or videotapes or any rights I may have to the tape. I understand that all photographs or videos of me are subject to disclosure under the Georgia Open Records Act, O.C.G.A. § 50-18-70, et seq.

I have read the above statement and allow myself to be photographed.

Executed on this _____ day of _____, 20_____.

Signature of Volunteer/Explorer

Printed Name of Volunteer/Explorer

Signature of Parent/Guardian
(If Volunteer/Explorer under age 18)

Printed Name of Parent/Guardian

Notary Public
My Commission Expires On:

DeKalb County Fire Rescue Explorer Program
Confidential Reference Questionnaire

Applicant: _____

- | | | |
|--|-------|-------|
| 1. Do you know the applicant? | Yes | No |
| 2. Are you related to the applicant? | Yes | No |
| 3. How long have you know the applicant? | Years | _____ |
| 4. Do you know much about the applicant's personal background? | Yes | No |
| 5. Does he/she possess good ethics and morals? | Yes | No |
| 6. Is he/she prejudice against any race, sex, religion, or other group? | Yes | No |
| 7. Do you consider him/her to be honest, trustworthy, and responsible? | Yes | No |
| 8. Does the applicant treat others fairly? | Yes | No |
| 9. Have you ever known the applicant to use any alcohol or illegal drugs? | Yes | No |
| 10. Have you ever known the applicant to associate with criminals or persons engaged in unlawful acts or commit any unlawful act personally? | Yes | No |
| 11. Does the applicant act and work well in stressful situations? | Yes | No |
| 12. Is the applicant the sort of person you would want to serve your community in the capacity of a public servant? | Yes | No |
| 13. Do you recommend the applicant for consideration of membership to the DeKalb County Fire Rescue Explorer Post? | Yes | No |
| 14. Any other comments you would like to make. | | |

Reference Name: _____

Title: _____

Address: _____

Phone _____ Email _____

**** Mail completed form to:****

Advisor Annette Haygood Post Coordinator

DCFR Explorer Post #901

1950 W. Exchange Place

Tucker, GA 30084

DeKalb County Fire Rescue Explorer Program
Confidential Reference Questionnaire

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