



## FIRE EXPLORER PARTICIPANT APPLICATION

### Applicant Information

Applicant Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
School Attending: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Cumulative GPA: \_\_\_\_\_ Birthdate: \_\_\_\_\_

### Parent / Guardian Information

Parent/Guardian Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please list other activities, in detail, that you are involved in (Sports, Volunteer Work, etc)**

**Why are you interested in joining the North County Fire Explorer Program? (use additional paper if necessary)**

Congratulations on your decision to embark on a future career in emergency services. North County Regional Fire Authority is excited about your interest in joining the Fire Explorer Program. Follow the directions on this application carefully, print or type all information. Please return the application as directed on this form. Applications received that are not legible, not complete, or contain false information, will be discarded without further consideration.

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Applicant Signature

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Date

### Required Attachments

Please review carefully all the information below. Once all required information listed below has been submitted to [HR@northcountyfireems.com](mailto:HR@northcountyfireems.com), NCRFA will review application for participation and notify both the parent/guardian and applicant whether they are accepted into the Explorer program and other necessary information.

1. A completed **Parent/Legal Guardian's Authorization and Release** form
2. Documentation of Explorer's Age and Current Photo, by providing **one of the options** below:
  - a. Copy of **Birth Certificate** of Explorer **AND** copy of most recent **School Photo ID**  
OR
  - b. Copy of **WA Driver's License** (if applicable) **OR** Copy of **Learner's Permit or State ID**
3. Copy of **Explorer's Medical Insurance Card**
4. Completed **NCRFA Emergency Contact** form
5. Completed **Explorer's Participant Application** form (this form)
6. **For Age 18 -20 Explorer participants only:** If participant is already 18, 19, or 20, or will turn that age while participating in the Explorer program, NCRFA must be provided with proof that the participant is enrolled in and participating in one of the following (or is on a scheduled break):
  - a. High School,
  - b. Running Start or equivalent program,
  - c. an alternative vocational program authorized by their school district,
  - d. registered as Home Schooled student,
  - e. or other proof acceptable to North County Regional Fire Authority that the participant is actively enrolled in and participating in an educational program that is not a college/post-secondary education program, nor is it an approved Apprenticeship program.



## 2024-2025 Explorer Program

August 1, 2024 – July 31, 2025

### PARENT / LEGAL GUARDIAN'S AUTHORIZATION AND RELEASE PARTICIPATION, MEDICAL ASSISTANCE and NCRFA LIABILITY

North County Regional Fire Authority (NCRFA) is pleased to welcome young community members as participants in our Explorer program. Being an Explorer provides youth age 14 and older a SAFE and CHALLENGING opportunity to experience fire and emergency medical services professions in a learning environment, growing their physical fitness while building competency in leadership and personal accountability. While we prefer to include **all** young people who meet Explorer program requirements, participation may be limited based on availability of Explorer program Supervisors or other NCRFA limitations. **Please read this Authorization and Liability Release carefully. It is required prior to new Explorer participation, and must be renewed annually for returning Explorers, or upon request.**

#### PARTICIPATION AUTHORIZATION

I, \_\_\_\_\_ [print or type full legal name] am the [check one]  
\_\_\_\_ Parent \_\_\_\_ Legal Guardian of \_\_\_\_\_ [print or type full legal name of  
Explorer Participant]. As parent or legal guardian of the child named above, I give my permission for my child who is at least age 14 on \_\_\_\_\_ [print or select birth date] to participate in **ALL** components of North County Regional Fire Authority's Explorer program. I also give my permission for representatives of North County Regional Fire Authority transport my child in NCRFA emergency apparatus or non-emergency vehicles during non-emergency Explorer program activities.

#### TREATMENT AUTHORIZATION FOR MEDICAL EMERGENCIES AND NON-EMERGENCY FIRST AID

[initial each]

\_\_\_\_ I understand that the program will include minimal risk due to hands-on training activities with careful, trained supervision; however, unexpected events may occur.

\_\_\_\_ Although limited in nature and risk, I understand the nature of first-responder work may include Explorer participants witnessing actual emergency incidents and/or being exposed to or discussion of fire or medical emergency incidents, as deemed appropriate by the Explorer program Supervisor.

\_\_\_\_ Understanding the above risks, I have determined that my child named above is fully capable, medically, emotionally, and otherwise, of participating in Explorer program activities; Obtaining clearance from a qualified healthcare provider for their participation is at my own discretion.

\_\_\_\_ I authorize North County Regional Fire Authority to provide non-emergency first-aid.

\_\_\_\_ I authorize North County Regional Fire Authority or other responding agency to provide emergency medical care.

\_\_\_\_ I pre-authorize any and all emergency medical treatment deemed necessary by emergency responders and/or treating emergency department personnel, including medical evacuations and medical treatments deemed necessary in the judgement of the treating personnel.

## RELEASE

[initial each]

\_\_\_\_\_ By signing this release, I agree that if my child is harmed or injured in any way while participating in the Explorer program, I voluntarily release North County Regional Fire Authority, and all personnel, staff, and Board of Commissioners of North County Regional Fire Authority in the past, present or future, from any and all liability for injuries or illnesses sustained by participation in the Explorer program.

\_\_\_\_\_ I understand and agree that this release applies to not only me, but also my estate, heirs, and assigns.

\_\_\_\_\_ In the event some other person or entity seeks compensation for these released liabilities, my estate or I, will indemnify and hold harmless North County Regional Fire Authority.

## AUTHORIZATION FOR PHOTOGRAPHS, VIDEO, AND/OR PUBLICITY

I understand that photographs and/or video may or may not be taken of my child during their participation in the Explorer program. I give my permission for North County Regional Fire Authority to use photographs or video for training, informational, and/or promotional reasons, including but not limited to use in training materials, brochures, videos, social media of North County Regional Fire Authority, program reporting or debriefs or for other similar purposes.

## Our Commitment to Diversity, Inclusion, and Non-Discrimination in Explorer Program

*North County Regional Fire Authority values a diverse and inclusive workforce. We also value diverse and inclusive participation in our Explorer program, seeking to include all those who apply for and are qualified to participate in the Explorer program. To support our commitment, participants will not be included or excluded based on their race, color, creed, religion, gender, sex or sexual orientation, age (those between 14 and 20 as described), marital status, family status or plans, disability, veteran's status, or any other category protected by law.*

*Requesting a reasonable accommodation to participate in the application process for the Explorer program or while a participant in the Explorer program may be initiated by contacting the Human Resources department at [HR@northcountyfireems.com](mailto:HR@northcountyfireems.com) or 360-629-2184.*

**Parent/Guardian Authorization and Release:** I, \_\_\_\_\_ [print full legal name of parent or guardian], have read this Permission, Authorization and Release, I understand it, and I fully agree to all its terms without exception. I understand I have the right to withdraw my permission, authorization, and release for my child at any time by providing NCRFA written notice to [HR@northcountyfireems.com](mailto:HR@northcountyfireems.com) AND/OR written notice to the Explorer Supervisor, with a copy provided to [HR@northcountyfireems.com](mailto:HR@northcountyfireems.com). Such withdrawal of permission, authorization and release is not retroactive, and will constitute withdrawal of the participant from the Explorer program.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred email address of parent/guardian: \_\_\_\_\_

Preferred phone contact of parent/guardian: \_\_\_\_\_

Explorer's Full Legal Name (print): \_\_\_\_\_ Age as of 8/1/2024: \_\_\_\_\_

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

## REQUIRED ATTACHMENTS

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Please contact [HR@northcountyfireems.com](mailto:HR@northcountyfireems.com) for questions regarding participation requirements or if the participant has special circumstances you request North County Regional Fire Authority consider on an exception basis.



## NORTH COUNTY REGIONAL FIRE AUTHORITY

### Emergency Contact Form

*The following information will be kept in your personnel file at all times. Up to date, accurate information is vital in the event of an emergency and your designated contacts need to be reached.*

*Please make sure that all of the information below is accurate and up to date.*

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EMPLOYEE NAME \_\_\_\_\_ Effective Date: \_\_\_\_\_  
EMPLOYEE PHONE \_\_\_\_\_  
EMPLOYEE EMAIL \_\_\_\_\_  
EMPLOYEE ADDRESS \_\_\_\_\_

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#### CONTACT #1

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell # \_\_\_\_\_ Work ☐ or Home ☐ \_\_\_\_\_

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#### CONTACT #2 (Please list a contact not living with you)

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell # \_\_\_\_\_ Work ☐ or Home ☐ \_\_\_\_\_