Ripon Consolidated Fire District

142 S. Stockton Ave. Ripon, CA 95366
Phone: 209-599-4209 Fax: 209-599-2847

Fire Chief
Dennis Bitters

Ripon Firefighter Explorer Application

Applicant Information

Name: _____

Address: _____

City: _____ **State**: _____ **Zip Code**: _____

Phone #: _____ **Email**: _____

Age: _____ **Birthday**: _____ **Grade**: _____

School: _____ **GPA (as of last semester)**: _____

Driver's License #: _____ **State**: _____ **Expiration Date**: _____

Do you work?: ☐ Yes ☐ No **If yes, where?**: _____

Legal Guardian Information

Name: _____

Address (if different than above): _____

City: _____ **State**: _____ **Zip Code**: _____

Phone #: _____ **Email**: _____

How did you hear about our Explorer Program?

_____

_____

_____

_____

Why do you want to be a Ripon Fire Explorer?

_____

_____

_____

_____

_____

What extracurricular activities do you enjoy?

_____

_____

_____

Do you know anyone currently involved in Ripon Consolidated Fire District? (If so, who?)

_____

_____

_____

Do you have any physical limitations that may affect your firefighting participation?

_____

_____

_____

Two references.

Name	Phone #

What do you expect to get out of the fire explorer program?

_____

_____

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_____

_____

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FOR DISTRICT PERSONNEL ONLY

Date Received: _____ **Date & Time of Interview**: _____

Date of Physical: _____ **Did They Pass?**: ☐ Yes ☐ No

Recommendation: _____

Advisor Signature: _____

Assist Advisor Signature: _____