



Twin District Fire Company

Explorer Application



4999 William Street • P.O. Box 406

Lancaster, New York 14086

716-681-3118

Fax: 716-685-3628

I, _____ being of good moral character, good health and physically able to perform all the required duties of a Twin District Explorer Scout, fourteen (14) to twenty-one (21) years of age, a resident of the Twin District Fire District and a citizen of the United States, do hereby apply for membership in the Twin District Volunteer Fire Company Inc. Explorer Scouts, and further agree, if elected to membership to abide by all Rules and Regulations therein contained.

Have you ever been rejected by another fire company?
If so which one? _____

YES or NO

Any pervious firefighting or first aid experience:

Name of applicant: _____

Address: _____

Town: _____ Phone: _____

Age: _____ Month: _____ Day: _____ Year: _____

School Attending: _____

Character References: (2)

Name: _____ Address: _____

Phone: _____ Relationship: _____

Name: _____ Address: _____

Phone: _____ Relationship: _____

Applicant's Signature: _____ Date: _____

Parental Consent: _____ Date: _____

TDFC USE:

Date of Parent Interview: _____