



Hudson Volunteer Fire Department, Inc
Application for Explorer

Date _____

Your information:

Full name _____ Date of Birth _____

Address _____ City _____ State ____ Zip _____

Social Security # _____ - _____ - _____ Driver License # (if applicable) _____

Phone _____ E-mail _____

List any allergies you may have _____

Parent/Guardian information:

Parent/Legal Guardian _____

Address if different _____ City _____ State ____ Zip _____

Phone # _____ E-mail _____

Emergency contact # _____

Applicant signature _____ Date _____

Parent/Guardian signature _____ Date _____

Office use

Date application accepted _____ Eligible for regular B membership _____

Captain of Explorers signature: _____ Date _____