Maple Grove Fire Explorers Application

Please fill out the information in this form to the best of you ability. Some of the information may need input through a drop down menu. Click the "Submit by Email" button when complete. It is also a good idea to print the form before closing it in case the electronic form is not received.
Please contact us at fireexplorers@ci.maple-grove.mn.us if you experience any problems.

Name: *Date of Birth:* 01-01-1990

Home Address: *City:* Maple Grove

State: MN *Zip Code:* *Home Phone:* *Cell Phone:*

Email Address: *Best Way To Reach You:* Select One

School Name: Select One *Grade In School:* Select

EMERGENCY CONTACT NAMES AND NUMBERS:

PARENT/GUARDIAN #1 *Name:*

Relationship: Select One *Parent/Guardian Email:*

Home Phone: *Work Phone:* *Cell Phone:*

PARENT/GUARDIAN #2 *Name:*

Relationship: Select One *Parent/Guardian Email:*

Home Phone: *Work Phone:* *Cell Phone:*

Have you ever had a negative contact with any law enforcement or fire agency? ☐ YES ☐ NO
If Yes, please state the location, date of contact, and reason for contact:

Is there any information we need to know about you? *(ALLERGIES, MEDICATIONS, MEDICAL CONDITIONS, ETC)*:

Do you know anyone in the fire service? If so, how do you know them?

Have you ever been a member of any other Explorer Post? *(Law Enforcement, Healthcare, etc.)*

Why are you interested in becoming a Fire Explorer?

How did you hear about Fire Explorers?

Do you have any medical training? *(CPR, FIRST AID, FIRST RESPONDER, EMT)*

Updated: October 1st, 2008 Date of Entry: