

**BENICIA JUNIOR VOLUNTEER FIRE DEPARTMENT
EXPLORER POST 7201**

MEMBERSHIP APPLICATION

FULL NAME _____ DATE _____

ADDRESS _____

PHONE _____ SOCIAL SECURITY NUMBER _____

AGE _____ BIRTH DATE _____ BIRTHPLACE _____



EMERGENCY INFORMATION

PERSON TO BE NOTIFIED _____

RELATIONSHIP _____ PHONE _____

ADDRESS _____



The undersigned have read the foregoing information and hereby represent it as true to their knowledge.

The undersigned releases the City of Benicia from any liability for injuries sustained by the applicant in the course of his activities with the Benicia Junior Volunteer Fire Department, Fire Explorer Post 7201 and further promises not to bring suit against the City of Benicia for said injuries.

It is understood that the Boy Scouts of America will furnish the required insurance coverage. Members of this Post will **not** be used for firefighting purposes except in extreme emergencies, or when being properly trained by the Fire Chief or his authorized representative(s).

I, _____, agree to be governed by the Rules and Regulations of the Benicia Junior Volunteer Fire Department, Fire Explorer Post 7201, and the rules and regulations of the City of Benicia and the Fire Chief.

APPLICANT'S SIGNATURE _____ DATE _____

I, _____ and _____ being the parent(s) of _____, have read the foregoing and give my permission for my son/daughter to participate in the Benicia Junior Volunteer Fire Department.

PARENT(S) SIGNATURE _____

FOR OFFICE USE ONLY

The above applicant has been interviewed, with his/her parent(s), and has been briefed on the activities of the Post and the responsibilities of each Post member. The applicant has been accepted/rejected (circle one) for membership in Post 7201 on _____ (Date).
