



Delray Beach Fire Rescue
Explorer Post #320
Learning for Life

Candidate Information Form
(Please print clearly)

Name _____

Address _____ Apt# _____

City _____ State _____ Zip Code _____

Age _____ Date of Birth _____

Home phone(_____) _____ Cell (_____) _____

Parent/Guardian's Complete Name _____

Parent/Guardian's Work Phone (_____) _____

Parent/Guardian's Cell Phone (_____) _____

Emergency Contact Person _____
(other than parent or guardian)

Home phone (_____) _____

Work phone (_____) _____

Cell phone (_____) _____

Candidate
Signature _____

Date _____

Parent/Guardian's
Signature _____

Date _____