

**ORANGE COUNTY FIRE AUTHORITY
EXPLORING PROGRAM
APPLICATION PACKET CHECKLIST**

APPLICANT'S NAME: _____

DATE: _____

POST#: _____

CHECKLIST:

Learning for Life Application

Membership Dues Check (Made payable to Learning for Life)

OCFA Exploring Membership Application (2 pages)

Disaster Service Worker Registration

Insurance Authorization Form

Medical Examination Report & Health Questionnaire (2 pages)

Confidential Scholastic Inquiry

Medical Examination Report (completed by physician)

Paper Stating Reasons for Wanting to Become an Explorer

Copy of Recent Grade Report

I have reviewed this Explorer Application Packet and verify that it is complete.

Signature of Post Advisor or Associate Advisor

REMARKS: _____

