

# FIRE EXPLORER WEEKEND

AT THE ALABAMA FIRE COLLEGE  
NOV. 1<sup>ST</sup>-3<sup>RD</sup>, 2019



## REGISTRATION INFORMATION

**Register early!** For safety, the number of students in certain classes is limited. A \$25 fee is required with registration. The deadline for registration is October 25, 2019. Dress code: no shorts, tank tops, or open-toed shoes allowed. Facial hair must not obstruct use of SCBA. Each post will need to bring full turnout gear and is encouraged to bring their own SCBA. Advisor must register their Post; individual Explorers cannot register. **Please note:** No Inflatable mattresses, cots will be provided. Lodging will be assigned on a first-registered/first-served basis.

**Course Withdrawal & Refund Policy:** Students who register for courses and fail to attend will be charged the full registration fee. To receive a full refund, all cancellations or withdrawals must be received in writing at least two weeks prior to the beginning of class. Students will receive full refunds for courses cancelled by the Alabama Fire College.

**Your \$25 registration fee includes 4 meals, event t-shirt\*, and training in these areas:** live fire attack (con-ex box training area and in the Mobile Fire Trainer), rope rescue, confined space, search & rescue (burn building), Rapid Intervention Crews (drill tower), hose/fire streams, forced entry, and vehicle extrication. \*T-shirt will be free for Advisors and Explorers. Please include your t-shirt size on the form, as well as your estimated arrival time.

### FRIDAY, NOV. 1

1200-2200 Early Check-in

### SATURDAY, NOV. 2

0800-0830 Registration  
0830-0930 Opening Ceremony  
Safety Awareness  
1000-1200 Event Block 1  
1200-1300 Lunch  
1300-1400 Presentation  
1400-1600 Event Block 2  
1600-1800 Event Block 3  
1800-1900 Dinner  
2100-2300 Free Time  
2300 Lights Out

### SUNDAY, NOV. 3

0700-0730 Reveille  
0730-0800 Morning Devotion  
0800-0900 Breakfast  
1000-1200 Event Block 4  
1200-1300 Lunch  
1300-1500 Event Block 5  
1500 Closing Ceremony

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## EXPLORERS: APPLY FOR THE RECRUIT SCHOOL SCHOLARSHIP!

Submit a 300-word (maximum) essay stating why you want to become a firefighter along with letters of recommendation from your Explorer Advisor and from your Fire Chief. Essays will be evaluated by a three-person panel not associated with any Explorer Post. To be awarded the scholarship, you must be able to prove high school graduation in the 2019-2020 school year with a transcript showing grades, and you must meet all pre-requisites prior to enrolling in recruit school.

The costs covered by the scholarship include: tuition, lodging (if the recipient lives more than 30 miles from AFC) for the 4-night package, and a uniform allotment from the AFC Bookstore. *Not included: PPE rental, athletic shoes, black belt, and black dress shoes or boots. The scholarship has no redeemable cash value.*

Mail your essay to: Alabama Fire College, c/o Reid Vaughan, 2501 Phoenix Drive, Tuscaloosa, AL 35405

# FIRE EXPLORER WEEKEND - Nov. 1<sup>st</sup>-3<sup>rd</sup>, 2019

## - REGISTRATION FORM -

Send to Student Services by **fax** at 205.343.7404; by **mail** to 2501 Phoenix Drive, Tuscaloosa, Alabama 35405; or by **email** to [studentservices@alabamafirecollege.org](mailto:studentservices@alabamafirecollege.org). If emailing, fill out form and then save as a PDF file to attach to your email. A \$25 registration fee per attendee must be paid by check, cash, purchase order, or credit card. Make check or PO payable to 'Alabama Fire College', and mail or fax with registration form. For more information regarding the weekend, lodging, meals etc., call Ty Gober at 205.337.2180 or Gene Coleman at 205.965.2325.

Explorer Post #	Department	Group Leader
Email	Phone #	Est. Arrival Time: <b>Friday PM</b> or <b>Saturday AM?</b>
Will your group leave campus for any meals? If yes, please tell us which meals:	<b>On-Campus Lodging Needs:</b>	MALE Explorers: _____ FEMALE Explorers: _____ MALE Leaders: _____ FEMALE Leaders: _____

**Our group's registration will be paid for by:** \_\_\_\_\_ **TOTAL amount due:** \_\_\_\_\_

<b>CREDIT CARD</b>		
TYPE	CC #:	Exp Date:
Cardholder's Name:		Zip Code:

<b>PURCHASE ORDER</b>		
PO #	Amount:	
Invoice Address:		

SSN:	DOB:	Full Name:	
Home Address:		City, State:	Zip Code:
Email:		Dept:	County:
T-shirt Size:	Gender:	Explorer/Advisor/Staff?	

SSN:	DOB:	Full Name:	
Home Address:		City, State:	Zip Code:
Email:		Dept:	County:
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Email:		Dept:	County:
T-shirt Size:	Gender:	Explorer/Advisor/Staff?	

SSN:	DOB:	Full Name:	
Home Address:		City, State:	Zip Code:
Email:		Dept:	County:
T-shirt Size:	Gender:	Explorer/Advisor/Staff?	



## MEDICAL FORM

**To be completed by every participant in any activity.**

Please note that the activity leadership must have the ORIGINAL form. (Some hospitals will not accept copies).

Activities such as field days, day hikes and conferences and academies where medical staff is available a medical history is required but a physicians evaluation is not required.

Activity such as resident camping, extended outings, hiking & boating in remote areas where medical staff is not readily available requires a physicians evaluation (signature required on 2<sup>nd</sup> page of this form)

**PARTICIPANT INFORMATION:**  
(Required)

    

Group/Post No.

  

Local LFL Office No.

               

LFL Headquarters City

\_\_\_\_\_ ( )  
Last Name First Name MI Phone

\_\_\_\_\_ City State Zip

Registered as (Required): Youth\_\_\_\_ / Adult\_\_\_\_ Gender: Male\_\_\_\_ / Female\_\_\_\_ Age\_\_\_\_ / Birth Date\_\_\_\_/\_\_\_\_/\_\_\_\_

**Name of adult leader** participating in the activity who agrees to be responsible for this participant \_\_\_\_\_

Overnight Activities: All leaders must be registered as an adult with Learning for Life and provide male leaders for male youth participants and female leaders for female youth participants.)

### MEDICAL INFORMATION

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

**ALLERGIES:** Food, plants, medicines, insect bites Yes  No  Explain: \_\_\_\_\_

### GENERAL INFORMATION:

	Yes	No		Yes	No		Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Attention Deficit/Hyperactivity Disorder (ADHD)	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/Leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>

Explain: \_\_\_\_\_

List any medications to be taken during the activity . \_\_\_\_\_

List ALL medications taken in the 30 days prior to arrival. \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation. \_\_\_\_\_

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc: \_\_\_\_\_

### IMMUNIZATIONS (Date of last inoculation):

Chicken Pox _____	Lyme Disease (not required) _____	Pertussis _____	Rubella _____
Diphtheria _____	Measles _____	Polio _____	TetanusToxoid _____
Hepatitis B _____	Mumps _____		

### PARENT/GUARDIAN INFORMATION:

Name of parent or guardian \_\_\_\_\_ Telephone \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of personal physician \_\_\_\_\_ Telephone \_\_\_\_\_

Personal health/accident insurance carrier \_\_\_\_\_ Policy no. \_\_\_\_\_

**In case of emergency during the activity, notify:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( ) ( ) ( )  
Area Code Day Phone Area Code Evening Phone Area Code Pager/Mobile

**If person named above is not available in the event of an emergency, notify:**

Name Relationship Telephone E-Mail Address

Name Relationship Telephone E-Mail Address

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if an adult).

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**STATEMENT OF UNDERSTANDING and SIGNATURES (To be completed by all adult and youth participants)**

I understand the importance of providing accurate medical information, and I certify to the accuracy of the foregoing information and that I am in good health and know of no personal physical limitations that would prevent my full participation in the conference (unless noted).

I understand that this application includes my request for other personal accident insurance to be purchased on my behalf, and the cost of this insurance is included in the registration fee.

As an Adult Leader I will follow activity requirements for participation or as a youth participant, I will be responsible to my Adult Leader.

In the event of illness or injury occurring to me or to my son/daughter (if applicant is younger than 18) during attendance at the conference, I do hereby consent to whatever X-ray examination, anesthesia, medical or surgical diagnostic procedure, or treatment is considered reasonable and necessary in the best judgment of the attending licensed physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services.

I understand that in the event of a serious illness or injury, reasonable efforts to notify those listed in case of emergency will be attempted.

**Does your group/post currently have accident and sickness insurance on adults and your participants? Yes \_\_\_ No \_\_\_**

**Insurer:** \_\_\_\_\_

**Policy expiration date** \_\_\_\_\_ **Policy No.** \_\_\_\_\_

**Signature of participant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of parent or guardian** \_\_\_\_\_ *(Required if participant is younger than 18)*

**Signature of Adult Leader\*** \_\_\_\_\_ **Group/Post No.** \_\_\_\_\_ **LFL No.** \_\_\_\_\_

\* **Overnight Activities:** All leaders must be registered as an adult with Learning for Life and provide male leaders for male youth participants and female leaders for female youth participants.

**REQUIRED FOR PARTICIPATION IN A CAMPING EXPERIENCE: COMPLETE THE PHYSICIAN'S OR LICENSED HEALTH-CARE PRACTITIONER'S EVALUATION.**

**PHYSICIAN'S OR LICENSED HEALTH-CARE PRACTITIONER'S EVALUATION**

Approved for participation in:  Hiking and camping  Competitive sports  Water activities  All activities

Specify exceptions \_\_\_\_\_

Recommendations (explain any restrictions OR limitations): \_\_\_\_\_

Signed by Physician or Licensed health-care practitioner\* \_\_\_\_\_ **Date** \_\_\_\_\_

\*Examinations conducted by licensed health-care practitioners other than physicians will be recognized for Learning for Life purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice.



## Exploring Code Of Conduct

*The general welfare of any group depends on the conduct of the individual member. These regulations ensure the success of the event and provide the maximum benefit for all.*

1. The Adult Advisors shall, with the full cooperation of the Explorers, be responsible for maintaining discipline, security, and this Code of Conduct.
2. The Explorer Code will be the guide throughout the event.
3. All participants are expected to set a good example by being properly dressed and presentable.
4. All Explorers are expected to participate in ALL scheduled sessions and activities.
5. In consideration of others, all Explorers are expected to be in their own rooms and quiet by 12:00 a.m. They are not to leave their rooms again before 7:00 a.m.
6. Each Explorer is personally responsible for breakage, damage, or loss of property. Explorer Posts will be charged for damage not covered by its members. Loss of personal articles is not the responsibility of the host, event staff, or the BSA.
7. Each Explorer will allow no unregistered person to occupy his or her room, or visit in same (including local area residents).
8. All participants will respect the rule prohibiting use of private automobiles during the event, unless you have permission from an advisor and the area leadership.
9. The Explorer understands that the purchase, possession or consumption of alcoholic beverages or illicit drugs at the event will not be allowed. This standard shall apply to all participants – youth and adults.
10. Lodging bills, charge of phone calls from your room are not permitted. Use public phones in the designated areas. Extra meals and TV movies also may not be charged to your room.
11. Fireworks of any type are strictly prohibited.
12. The Area Explorer Cabinet shall serve as a review panel for serious violation of the Code of Conduct.

I have read the above rules and agree to observe them fully.

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Signed

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Date



## Consent Form Approval by Parents or Guardians

(For youth participants and guests under 21 years of age, participating in a Learning for Life activity)

First name and middle initial of participant/guest \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_ Birth date (month/day/year) \_\_\_\_\_

Additional address (need street address if you have a P.O. box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Area code and telephone No. (parent's business)

(\_\_\_\_\_) \_\_\_\_\_  
Area code and telephone No. (home)

### APPROVAL

(If two parents/guardians, both need to sign.)

FOR \_\_\_\_\_ ON \_\_\_\_\_  
Name of activity, orientation flight, outing, trip, etc. Date(s)

**PARENTS/GUARDIANS.** Please read all of the statements on both pages before giving your approval for participation in the activity listed above. I hereby approve and agree to all of the terms, conditions, and waiver of claims of this CONSENT FORM and certify to its correctness. Further, I agree that this participant or guest can meet the health and physical fitness requirements of the trip or activity.

Father/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Release.** In the event of illness or injury occurring to my son or daughter while involved in the LFL trip or activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Insurance company \_\_\_\_\_ Policy No. \_\_\_\_\_

Physician \_\_\_\_\_ Telephone No. (\_\_\_\_\_) \_\_\_\_\_

## Explorer Driver Qualifications

When traveling to an LFL event under the leadership of an adult tour leader (at least 21 years of age), a participant at least 16 years of age may be a driver subject to the following qualifications: (1) six months' driving experience as a licensed driver (time on a learner's permit or equivalent is not to be counted); (2) no record of accidents or moving violations; and (3) parental permission has been granted to leader, driver, and riders.

## Waiver of Claims

In consideration of the benefits to be derived from participation in this LFL trip or activity, any and all claims against Learning for Life, group/post, and participating organization, or against the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss or harm to/or incurred or suffered by the applicant named above or to his or her property, in connection with or incidental to the LFL trip or activity, including preliminary training and travel, are hereby expressly waived by the applicant and the applicant's family or guardians.

## For Use by Notary Public if Required

In an effort to provide better youth protection, certain states and foreign countries now require all releases covering minors to be notarized. In addition to this, they may also require proof of death if only one parent is living, or approval of both parents and stepparent(s) in the event of divorce/remarriage. If you will be traveling through or going to an area where either or both of these restrictions apply, use the bottom of this form to provide space for additional signatures as required.

Subscribed and sworn before me on this the \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

My commission expires \_\_\_\_\_ year \_\_\_\_\_.

Notary public signature: \_\_\_\_\_





### **Explorer Recruit School Scholarship 2020**

The Alabama Fire College and Personnel Standards Commission extends an invitation to apply for a Recruit School Scholarship to all active Fire Service Explorers in the State of Alabama. All applications need to be returned to [scholarship@alabamafirecollege.org](mailto:scholarship@alabamafirecollege.org) by February 28, 2020.

Below are the elements that constitute a complete application. All documents should be scanned into one PDF when returned:

- 1) Student Information – Please type your information into the provided form.
- 2) Participant Essay/Statement – Please complete your essay in a word processor and then paste the completed work in the space provided on the form. In the essay please explain why you want to become a fire fighter. (Maximum length 300 words)
- 3) Letters of Endorsement – Submit letters of endorsement from your Explorer Advisor/Instructor and Fire Chief.
- 4) Please submit your transcripts from high school indicating graduation date and grade point average.

All pre-requisites must be met prior to enrolling in Alabama Fire College (Information on prerequisites can be found at our [website](#)). The costs covered by the scholarship include: tuition, background & drug screen, books, uniforms, and lodging. (This scholarship award has no cash value)

Applications must be received no later than February 28, 2020.

