

WARREN COUNTY AMBULANCE DISTRICT

EXPLORER POST 1599

604 Fairgrounds Road, Warrenton, MO 63383-4420

General Membership Requirements

1. Applicants must be between the ages of 14 (and graduated from the 8th grade) and 20 years of age.
2. Parental approval must be obtained for those not of legal age.
3. Must be in good academic standing and maintain a 2.5 grade point average, or better, with no "F"s. GPAs must be visibly verified after the issuance of each progress report, starting with the first progress report of the school year.
4. The applicant must be in good health and without physical condition(s) that will endanger them or another member of the Warren County Ambulance District. The applicant must be in good physical condition, allowing them to enter the district vehicles and provide all ranges of medical care without special assistance.
5. The applicant must be in good character and possess good moral habits. Driving records will be considered.
6. All applicants may be subject to a background investigation, including but not limited to, a criminal history records check.
7. None of the above requirements are intended to be an automatic disqualifier. All of the above are taken into consideration when considering an applicant. If you feel that there are special circumstances that should be considered when applying, contact the Explorer Coordinator.

When filling out the attached application:

- Fill in all of the blanks. If an item does not apply to you, put in N/A.
- Give complete information, including your first, middle and last names completely spelled out.
- Submit only information you are sure of.
- Be sure that you and/or your parents sign the forms in the appropriate places.
- **INTENTIONAL WITHHOLDING OF INFORMATION OR FALSIFICATION OF INFORMATION ON THIS APPLICANT WILL RESULT IN IMMEDIATE DENIAL OF ACCEPTANCE.** If the applicant is accepted and falsification is discovered, the Explorer will be dismissed without recourse.

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APPLICATION FORM

NAME: _____ DOB: ___/___/___ SEX: _____

ADDRESS: _____ H-PHONE: _____

_____ C-PHONE: _____

SCHOOL ATTENDED: _____ GRADE: _____

MOTHERS NAME: _____ DOB: _____

FATHERS NAME: _____ DOB: _____

ARE YOU EMPLOYED: _____ WHERE: _____

AVERAGE HOURS PER WEEK: _____

AFTER SCHOOL ACTIVITES:

CAREER INTERESTS:

PREVIOUS TRAINING: _____

DO YOU HAVE A VALID DRIVERS LICENSE: _____

LIST ANY TRAFFIC VIOLATIONS YOU HAVE RECEIVED: _____

HAVE YOU EVER BEEN ARRESTED OR DETAINED FAR A CRIME: _____

IF YES,

EXPLAIN: _____

CAN YOU PERFORM, WITH OR WITHOUT, A REASONABLE ACCOMMODATION, THE ESSENTIAL
FUNCTIONS OF THE POSITION FOR WHICH YOU ARE
APPYING? _____

