



Angeles National Forest Wildland Fire Explorer Academy Application

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|----------------------------------|--------------|
| Name: | Age: |
| Phone Number: Home- | Cell- |
| Street Address: | |
| City: | |
| Email Address: | |
| Male or Female | |
| Explorer Post Number: | |
| Fire Department / Agency: | |

Explorer Signature: _____

Date: _____

Recommendation and info from Explorer Advisor (required):

I, (Advisor, Print Name) _____, recommend this Explorer to attend the Forest Service Wildland Fire Explorer Academy. I certify that he/she is a registered Explorer or Cadet, in good physical condition and able to do arduous-hard work. I certify that he/she is registered as an Explorer/Cadet for medical insurance purposes during the Academy or the home agency will pay for any medical fees in case of injury.

Advisor Signature: _____

Advisor Phone number: _____

(Must be where we can get a hold of you in case of Emergencies)

Permission of Parent/Guardian if under 18:

I, (print name) _____, hereby give permission for my son/daughter or dependent to participate in the Wildland Fire Explorer Academy.

Parent/Guardian signature: _____

Email all three completed pages of application to mail@anfpost99.com

APPLICATION & PAYMET MUST BE RECEIVED NO LATER THAN: **March 6, 2025, 6pm**

Selections and notifications will be made 2 weeks before the academy starts



ACADEMY EXPLORER EMERGENCY NOTIFICATION FORM

Explorer: _____ Agency: _____

Advisor Name _____ Advisor phone# _____

In case of emergency, contact:

First Contact

Name: _____

Relationship: _____

Phone number:

Second Contact

Name: _____

Relationship: _____

Phone number:

Are you on any Medication? Yes or No

Are you allergic to any Food or Medication? Yes or No

Please explain _____



Wildland Fire Explorer Academy

Angeles National Forest FIRE
12371 Little Tujunga Canyon Road
San Fernando, CA 91342

Application Checklist

I, (print name) _____ accept the challenge of attending the Wildland Firefighter Academy by adhering to the following pre-requisites:

Check each Box:

_____ I have read the academy information package and understand it.

_____ I have read the Academy Rules and will abide by them throughout the academy.

_____ I am a registered Explorer/Cadet with my department/agency and medically insured through that registration.

_____ I will provide proper gear, uniforms and personal items required.

_____ I completed all 3 pages of Academy Application and will email back before deadline.

_____ I paid the \$375.00 registration fee. Link: <https://square.link/u/k0eel6bp>

Payment QR Code:



_____ I will strive to do my best to achieve the highest possible goals, to help others, to be a positive teammate, to work hard/train hard, to improve my physical fitness and overall represent the academy in a positive and reputable manner.

This will erase the entire application