

Grafton Volunteer Fire Department, Inc.

Explorer Post 9431

Official Application for Membership

Date of Application: _____

Name: _____
last first middle initial

Address: _____
street town state zip

Age: _____ Birthday: _____ Home Phone: _____

Reasons for Joining: _____

Do you plan on becoming a firefighter when you turn 18? Yes No

How long are you planning on being an Explorer?

Do you have any knowledge of fire fighting?

Note: If we are at our full capacity of 15 Explorers you will be placed on a waiting list and called once we have an opening.

Parent or Guardian Signature: _____ Date: _____

After you complete the application form please mail to: Grafton Vol. Fire Dept. Explorer Post
1431 13th Avenue
Grafton, WI 53024

Or email the form to: email@graftonfiredept.com