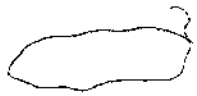


EXPLORER POST 1666

Member Packet





EXPLORER POST 1666

Ashburn Volunteer Fire & Rescue

What is Post 1666?

Ashburn Volunteer Fire and Rescue Post 1666 is chartered to the Ashburn Volunteer Fire and Rescue Department (AVFRD) of Loudoun County Fire and Rescue (LCFR). Explorer Posts are youth organizations sponsored by the Boy Scouts of America, and composed of young men and women between ages 14 and 21. The objective of post 1666 is to provide a learning center to the youth of the community, and to provide trained individuals who may become career or volunteer Fire and Emergency Medical personnel later in life.

When Do We Meet????

Explorer Post 1666 meets once a week on Wednesday nights at 19:00 (7:00pm)

We also meet two weekends every month for more training.

We meet for events such as activities that are done in the community, Fund Raisers, and Open House



What to Expect In The AVFRD Explorer Post

I. History Of The Program

Explorers are part of the Boy Scouts of America. There are a wide Variety of activities that Explorer Programs cover, in this case basic fire and rescue techniques. The Explorer Post was established by Ashburn Volunteer Fire and Rescue Department in 1998 and became Post #1666

II. The Expectations of Post 1666

A. Grades have a high importance in the Post and the in the fire department. You will not be permitted to join if your average is below a C. Grade level is monitored throughout the school year by turning in your report card every quarter. Failure to turn in your report card, or having below a C average, results in suspension from the Post.

B. Being an Explorer member means that you have to show up to all the scheduled meetings. Post 1666 meets every Wednesday night at 7:00pm and 2 Saturdays or Sundays a month for extra training. In addition we hold fundraisers such as carwashes, to help fund for the Post. As a part if the community, we are also asked to attend community functions and educate the public. We have our own open house, and it is recommended to all explorers that we make and appearance as often as possible.

C. Being a part of the AVFRD Explorer Post is a positive experience. When attending meetings and functions, it is asked that you have a positive attitude, and by all means bring your creativity along.

D. As a part of the AVFRD, there are set rules also known as bylaws that we require to be followed. These will be handed out to you, and will be signed. Any failure to follow these rules will be followed with the proper consequences

E. The purpose of Explorer Post 1666 is to learn the basics of fire and EMS, and to become the future Fire and EMS personnel. The following is a list of activities that are covered in this program...

- CPR
 - First Aid
 - Blood Borne Pathogens
 - Back Boarding
 - Vitals
 - Blood Pressure
 - PEARL
 - Lung Sounds
 - Pulse
 - Respirations
 - Perfusion
-
- Initial Assessment
 - Oxygen Administration
 - Splinting
 - Ropes and Knots
 - Search and Rescue
 - Ventilation
 - 2 Min Drills
 - Tools
 - Gear
 - Ladder Training
 - Hydrant
 - Communications
 - Apparatus Training

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AVFRD Explorer Post 1666

THIS PAGE IS TO BE COMPLETED BY THE PARENTS OF
THE EXPLORER

The responsibilities of a member of the AVFRD Explorer Post involves many hazardous duties, including but not limited to the following ...

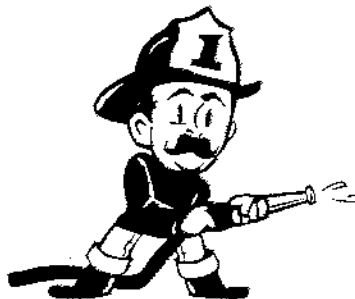
- The lifting & movement of heavy objects
- Climbing on extension ladders that reach 24ft
- Wearing heavy equipment
- Doing heavy physical activities
- Working with large tools

I/We, the parents/guardians of _____ have been duly informed of the duties our son/daughter will be required to participate in if she/he becomes a member of the AVFRD Explorer Post. We give our son/daughter permission to participate as a full member.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian (print): _____

Parent/Guardian address: _____



Ashburn Volunteer Fire & Rescue Explorer Scout Data Sheet

Please fill out this form and give it to the Captain of The Post. If we do not receive this form, your explorer will not be allowed to go on any Post sponsored trips or outings.

THIS FORM MUST BE COMPLETELY FILLED OUT

Explorer Information:

Name: _____
Date of Birth: _____ Age: _____
Grade: _____ SSN: _____

Medical Information:

Allergies: _____
Medications: _____

Condition	Yes	NO	Condition	Yes	NO
ADHD/ADD			Convulsions/Seizures		
Asthma			Diabetes		
Cancer/ Leukemia			Heart Trouble		
Hemophilia			High Blood Pressure		
Kidney Disease			Able to swim		
Other					

Immunization	Date	Immunization	Date	Immunization	Date
Tetanus Toxoid		Diphtheria		Pertussis	
Measles		Mumps		Rubella	
Polio					

Name of personal Physician: _____
Phone number of Physician: _____
Health accident insurance provider: _____
Policy Number: _____ Phone Number: _____

Parental Authorization:

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates. I authorize the leadership of AVFRD Explorer Post to perform First Aid as needed and to apply topical antiseptics such as Neosporin.

Parent/Guardian Signature _____

Date: _____

**AVFRD Explorer
Post 1666
Membership Information Form**

Name: _____

Parent/Guardian: _____

Address: _____

Street

City

ZIP

Phone: _____

E-mail: _____

Emergency Contact: _____

Phone: _____

Medical Conditions/Allergies: _____

List any medications: _____

Doctor's Name: _____

Doctor's Phone: _____

Tell us a little about you & your interests: _____



Parent Information

THIS FORM MUST BE FILLED OUT COMPLETELY

First Contact:

Full Name: _____
Father ___ Mother ___ Guardian ___ Step Parent ___
Home Phone Number: _____
Cell Phone Number: _____
Pager Number: _____
Work Phone Number: _____
E-mail Address: _____

Second Contact:

Full Name: _____
Father ___ Mother ___ Guardian ___ Step Parent ___
Home Phone Number: _____
Cell Phone Number: _____
Pager Number: _____
Work Phone Number: _____
E-mail Address: _____

Mailing Address you want on our records:

All newsletters, Announcements & flyers will be sent here.

Street: _____
City: _____ State: _____ ZIP: _____

IN THE EVENT OF AN EMERGENCY WITH YOUR CHILD WE WILL
CONTACT THE NUMBERS ABOVE



Tushar, here are two applications for your children. If they want to join the Explorer Post, please have them fill out the forms. There is a \$45.00 [one time only] charge. Please make out your check to Explorer Post 1666 and place it and the applications in my folder at station 6.

Call me on 703 729 4514, or email me at:
maxjtriola@gmail.com