



Angeles National Forest Wildland Fire Explorer Academy

Application for Participation

NAME:	Email:
TELEPHONE: Home-	Cell-
STREET:	
CITY:	
STATE:	
ZIP CODE:	
AGE:	DATE OF BIRTH: must be 16-21 yrs. old
MALE / FEMALE:	
EXPLORER POST Number:	
DEPARTMENT/AGENCY:	

Explorer Signature: _____

Date: _____

Recommendation and info from Explorer Advisor:

I, (Advisor, Print Name) _____, recommend the above Explorer to be enrolled in 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 in an outdoor setting. I certify that he/she is registered as an Explorer for medical insurance purposes during the Academy otherwise 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, _____, hereby give permission for my son/daughter or dependent to participate in the Forest Service Wildland Fire Explorer Academy.

Signature: _____

Save & Email this completed 3-page application package to:

mail@anfpost99.com



APPLICATION MUST BE RECEIVED NO LATER THAN: **March 31, 2023 6pm**

ACADEMY CADET 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 (check one)

Are you allergic to any Food or Medication? Yes or No (check one)

Please explain _____

Wildland Firefighter Explorer Academy

Angeles National Forest Training Center

12371 Little Tujunga Canyon Road

San Fernando, CA 91342

Application Checklist

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

Please initial each line,

_____ I have read the academy information package enclosed and understand the information provided.

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

_____ I am a registered Explorer/Cadet per my agency policy and are medically insured through that registration.

_____ I will provide proper gear and personal items according to the checklist provided.

_____ I have completed this Academy Application and will email it back before the deadline

_____ I have completed the Emergency Notification Form and will mail it back with the application

_____ I have paid the \$200.00 registration fee. [Click here to pay](#) or scan QR code

_____ I will strive to do my best to achieve the highest possible goals, to help others work together, by promoting good health and academics, and overall represent the academy in a positive and reputable manner.



Signature: _____ **Date:** _____

If applicant is under 18 years of age, a parent or guardian's signature is required.

I, (print name) _____ have read the terms and conditions required to attend the Wildland Firefighter Explorer Academy and agree to allow my son/daughter to attend.

Signature: _____ **Date:** _____