

EXPLORER OPERATING PROCEDURES

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Fairfax County Explorer Post 1949**

Fairfax County Fire and Rescue Training Division

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I. MISSION/VISION

The mission of the Explorer Program is to develop and deliver engaging, research-based academic, character, leadership, and career focused programs aligned to state and national standards that guide and enable all students to achieve their full potential.

Our vision is to provide positive and meaningful real-world career experiences and leadership development opportunities for all teenagers and young adults in the Fire and Rescue Service.

II. OVERVIEW

Exploring is the work-based program of the Boy Scouts of America (BSA) for young men and women ages 14 through 20. The Explorer Program is developed by local community organizations such as businesses, industries, professionals, churches, and civic groups to match the interests of young adults with the program resources of the organization.

The community organizations support their post in three major ways:

1. Provide the program with an “inventory” of adults related to the organization who are willing to provide subject matter expertise to the post.
2. Provide adult leadership to organize this post inventory and serve as advisors to youth leaders of the post.
3. Provide meeting facilities.

An Explorer Post is a work-based organization which recruits members, elects officers, and plans programs based on the organization’s program inventory. Adult advisors provide training and guidance for the post’s elected officers.

The Boy Scouts of America Council recruits a Volunteer Exploring Committee and assigns staff members to provide the following services for the community organization’s post:

- Leadership training for adult and elected officers.
- Guidance on how to organize a post and keep the program going successfully.
- Methods to recruit Explorers, including an interest survey of local high schools.
- Regular communication with each post to provide program support.
- Use of council facilities.
- Planning of council-wide activities which enrich the post’s programs.
- Liability insurance coverage.

III. CHARTER

The post is known as the Fairfax County Fire and Rescue Explorer Post 1949.

The post is chartered by the BSA and is a chapter thereof. It shall also be known that the post is a non-profit, educational organization sponsored by the Fairfax County Fire and Rescue Department (FRD).

IV. OBJECTIVES

The objective of the Fire and Rescue Explorer Post shall be:

- To help young adults become mature and responsible citizens.
- To help its members acquire an understanding of an adult occupational role in the FRD.
- To provide the opportunity to examine the fire and rescue profession as a possible career.
- To develop a permanent set of values.
- To create a better understanding of fire and rescue programs on the local, state, and national levels.
- To create better community and fire department relationships.

V. RULES AND REGULATIONS

A. KNOWLEDGE / COMPLIANCE / SUBORDINATION

1. Every Explorer is required to establish and maintain a working knowledge of all Explorer Post Operating Procedures. In the event of improper action or breach of discipline, it will be presumed that the Explorer was familiar with the operating procedure in question.
2. All Explorers shall observe and obey all laws and ordinances, rules, and regulations of the department, and Standard Operating Procedures (SOPs) of the department through the guidance of FRD employees and volunteers.
3. The Explorer Post Operating Procedures and other governing documents of Explorer Post 1949 shall be subordinate to relevant federal, state, and local laws, Fairfax County employee governing documents, and FRD governing documents.
4. Upon request of a citizen, Explorers shall identify themselves as a fire and rescue Explorer and supply their name and the post number in a courteous manner.
5. Explorers are held accountable for their actions at all times.

B. HUMAN RELATIONS

1. Every Explorer is expected to behave in a courteous and orderly manner, employing patience, and good judgment at all times.
2. All Explorers shall refrain from harsh, profane or insolent language or acts and shall be courteous and civil in their dealings with others.
3. Explorers shall not use racial or ethnic slurs and innuendos. They shall use respectful, civil forms of address to all persons regardless of their sex, race, religion, color, national origin, age, or physical/mental handicaps. Displays of bias toward any person on account of these attributes shall be considered unbecoming conduct.
4. Advisors, associate advisors, and other fire department personnel will be addressed according to rank or title and surname (i.e., Captain Smith) unless otherwise directed by that individual.

C. COOPERATION / COORDINATION

Explorers shall coordinate their efforts with all other Explorers, with the objective of ensuring maximum achievement and continuity of purpose through teamwork. All Explorers are charged with the responsibility of fostering and maintaining a high degree of cooperation both within the post and with all fire department employees and volunteers.

D. REPORTING VIOLATIONS

Any Explorer who has knowledge of other Explorers, individually or collectively, who are knowingly or unintentionally violating any laws or statutes, ordinances, or Explorer Operating Procedures, or who are disobeying orders, shall bring any and all pertinent facts to a Post Advisor.

E. CONDUCT

1. Explorers shall maintain a level of moral conduct in their personal and business affairs, which is in keeping with the highest standards of the fire and rescue profession. Explorers shall not participate in any incident involving moral turpitude, which causes Post 1949 to be brought into disrepute.
2. Conduct unbecoming an Explorer shall include that which brings the department into disrepute or reflects discredit upon the Explorer as a member of the department or that which impairs the operation or efficiency of the department or Explorer.

F. SMOKING

Explorers shall not smoke or use nicotine products at any time, including complying with all state related laws and regulations governing tobacco products.

G. FRATERNIZATION

1. Explorers shall not engage in displays of affection during post activities.
2. Explorers of the opposite sex shall not be unsupervised in any area that is not in plain view of the public.
3. Advisors shall not engage in a relationship above a normal professional or friendly acquaintance with an Explorer.

H. LOITERING

1. No Explorer shall loiter or visit a fire station unless on a post activity or with the consent of an advisor.
2. Explorers shall not respond to the scene of any emergency, police or fire event, in their privately owned vehicle. This does not prevent an Explorer from assisting (in the capacity of a citizen) when they come upon the scene of an emergency.

I. EXPENDITURE OF POST FUNDS

1. Any expenditure of post funds over \$100 will require a vote from the membership.
2. The vote will be held at a regularly scheduled meeting. A majority vote of the members in attendance will determine the decision.
3. In the event of a tie, the Explorer captain will determine the outcome.
4. In the event of an emergency situation where post funds are required and there is not a scheduled meeting, the decision will be made by the Post Advisor and the Explorer Captain.
5. Any expenditure of post funds under \$100 may be made at the discretion of the Explorer Captain and the Post Advisor.

VI. STANDARD OPERATING PROCEDURES

A. POST MEMBERSHIP

Age Requirements

1. The membership shall be composed of persons both male and female, between the ages of 14 and 20.
2. Members of the post in the year of their 21st birthday will be encouraged to affiliate with FRD (volunteer or career) and become an adult advisor.

Application Procedure

1. When a candidate expresses interest in the Explorer Program, he or she shall complete an application (Appendix A) which shall be given to a Post Advisor. A review will be conducted to ascertain if the candidate meets the preliminary qualifications. Candidates are welcome to attend as guests while their application is being processed. The application forms may be found at the end of this document.
2. Before a candidate can be accepted into the program, the complete application packet must be submitted. The candidate is not covered under the medical or liability insurance until the completed application has been accepted by the Post Advisor and forwarded to the office for the Boy Scouts of America. The candidate must pay the \$40 registration fee at this time. Assistance is available for candidates who can demonstrate a financial need. Financial need may be demonstrated by providing proof of free or reduced lunch at school.

Academic Performance

1. Explorers shall present their report card to an advisor at the first meeting following the issuance of report cards by their academic institution.
2. All members of the post, in order to maintain an active status, must maintain a "C" (2.0 GPA) overall grade average in the school they attend. Failure to comply with this rule will result in a review of membership status by the post advisor.
3. The Post Advisor may recommend suspension from post activities until grades are brought to a "C" average.

Physical/Medical Condition

1. The Explorer should not participate in a post activity if his or her physical condition poses a safety concern to self or others.
2. The Post Advisor or Associate Advisor shall have the authority to immediately suspend an Explorer's involvement in training activities of the post if his or her health or fitness is in question. The explorer will obtain clearance from a health care professional (documented using Part C of Appendix A) prior to participating in future training activities.
3. All injuries incurred during Explorer events shall be documented in accordance to Appendix C.

B. EXPLORER OFFICERS

Selection of Explorer Officers

1. A person must be an Explorer for:
 - Three months to be eligible for the position of Technician.
 - Six months to be eligible for the position of Lieutenant.
 - One year to be eligible for the position of Captain.
2. Nominations for all officer positions shall be accepted during the last two meetings in December and prior to elections during the first meeting in January.
3. During the first meeting in January, but prior to elections, each candidate will make a brief statement (no more than five minutes) to the post about why he/she should be an officer.
4. Elections for all officer positions shall take place at the first meeting in January.
5. A secret ballot will then be taken from members of the post and the assigned advisors will tally the vote.
6. A tie shall be decided in favor of the most senior candidate.
7. When a vacancy occurs in the rank structure, the position will be filled at the next meeting using the procedure described above.
8. All post officer positions will be filled by ballots cast by active members of the Explorer Post. Only members listed on the most current roster may cast a ballot.

Duties of Explorer Officers

1. Authority in the post shall be exercised with fairness and impartiality. Under no circumstances shall personal attitudes influence decisions. Each Explorer Officer shall use tact in giving orders and in correcting mistakes in order to inspire confidence and learning.
2. Explorers designated as officers by virtue of their rank shall in be responsible for the work and conduct of subordinate personnel.
3. Explorer Officers shall support a subordinate who is acting within the guidelines governing the post.
4. Explorer Officers shall not censure subordinates in front of others.
5. Any Explorer Officer absent from more than two consecutive meetings or greater than one quarter of the total training events/functions scheduled for the year shall resign or be removed from their position by the Post Advisor. Special circumstances will be considered on a case-by-case basis by the Post Advisor.

Duties of the Explorer Captain

1. Serve as the Chief Executive Officer and shall assume command at all post functions.
2. Assist in planning post training and activities.
3. Conduct a physical inspection of the uniform and appearance of the post members before regular meetings and functions
4. Coordinate with the Post Advisor in recruiting, screening, and processing of new applicants.
5. Represent the post at functions in which a delegate is required.
6. Set the example for the post members.
7. Participate in council, area, regional, and national Exploring Program events.
8. Be willing to consult with individual post members who have problems, questions or concerns.

Duties of the Explorer Lieutenant

1. Act as first assistant to the Explorer Captain.
2. Support the Explorer Captain and other officers in their leadership function.
3. Carry out other duties assigned by the Captain or any advisor.
4. Directly supervise the Explorer technicians.
5. Assist in supervising and planning post functions and activities.
6. Serve as coordinator for fundraising programs for the post.
7. Set the example for the post members.

8. Assume command of any function not attended by the Captain.

Duties of the Explorer Technician (Human Relations)

1. Contact members in reference to upcoming functions/meetings.
2. Contact any member not attending function/meetings.
3. Contact any member who resigns from the post.
4. Organize recruitment events.
5. Conduct duties assigned by Explorer Captain or any advisor.
6. Contact individuals who have expressed an interest in joining the post.
7. Assume command at any event not attended by the Explorer Lieutenant or Explorer Captain (Senior Technician).

Duties of the Explorer Technician (Administrative)

1. With the assistance of an assigned advisor, keep a record of all financial transactions, to include the date, check number or amount received, who from, and purpose. He or she shall be able to provide a full and complete report and be able to reference financial transactions when required.
2. Attend to any written documents or correspondence that requires his or her attention.
3. Maintain a post activity file to include the topics covered and attendance.
4. Conduct duties assigned by the Explorer Captain or any advisor.
5. Assume command at any function/event not attended by the Explorer Captain or Explorer Lieutenant (Senior Technician).

C. DISCIPLINE LEVELS

Oral Reprimand

1. To be used for minor and non-recurring (within one year) violations of the SOPs and rules and regulations of the post.
2. The Explorer shall be advised, in private, of the specific infraction of the rule or breach of conduct and the date it occurred. The Explorer shall be clearly advised during the counseling session that further occurrences will result in more serious disciplinary action.
3. Documentation of the incident will be maintained in the Explorer's file for one year.

Written Reprimand

1. To be used for serious and/or recurring (within one year) violations of the SOPs and rules and regulations of the post.
2. The Explorer shall be advised, in private, of the specific infraction of the rule or breach of conduct, the date it occurred, and previous counseling sessions or oral reprimands, if appropriate. The Explorer shall be clearly advised during the counseling session that further occurrences will result in more serious disciplinary action.
3. Documentation of the incident will be maintained in the Explorer's file until he or she leaves the post.

Explorer Disciplinary Review Board (DRB)

1. The DRB will be used for egregious violations of laws or ordinances or a reoccurring violation previously documented by a progressive discipline.
2. The Board will consist of the Explorer Captain, (or Lieutenant if the Captain is unavailable), the Post Advisor, and one Associate Advisor.
3. The Post Advisor shall chair the Board as the tie breaker, being the last to vote.
4. Every member appearing in front of the Board shall have the following rights:
 - The nature of the offense shall be known to the accused.
 - He/she must be given the opportunity to call witnesses and to cross-examine opposing witnesses and to testify in their own behalf.
 - If the accused refuses to appear in front of the Board, they shall be dismissed from the post.
5. Disciplinary action taken by the Board or the Post Advisor may result in: (in order of severity):
 - Suspension.
 - Demotion (if Explorer holds an officer rank).
 - Suspension from the Ride-Along Program.
 - Probationary period during which any further violation of any kind shall result in automatic dismissal with no right of appeal.
 - Dismissal.
6. Any officer demoted to a lower rank as a result of a DRB action is not eligible for promotion for one year from date of said action.
7. If the member fails to appear before the DRB within one month of the offense, the DRB will convene and take action on the matter.

D. UNIFORM STANDARDS

After submitting the application documents and registration fee and following acceptance into the post, the Explorer will receive a uniform t-shirt and sweatshirt.

1. Elements

- Red Explorer polo or t-shirt (long or short sleeve).
 - Red Explorer sweatshirt.
 - Navy blue work or battle dress uniform (BDU) pants or shorts (May 1- October 31).
 - Black steel-toed shoes.
2. This uniform shall be worn at all Explorer post training functions and events. This uniform may be modified by the Post Advisor as necessary.
 3. Explorers shall not wear FRD uniform apparel (navy blue shirt, including company shirts) during training and/or ride-alongs.
 4. Explorers shall not wear the post uniforms outside of ride-alongs, training events, and post functions.

Gear

1. When the Explorer is issued a uniform he or she shall provide sizes for gear by the Quartermaster.
2. Upon receipt of gear, the Explorer and his or her parent will sign a Firefighting Gear Agreement to be forwarded to the advisor assigned to the Quartermaster position.
3. Gear issued by the post shall only be worn during post training, ride-alongs, or other activities as sanctioned by the Post Advisor.
4. Requests for replacement or different sizes of gear shall be made through the Quartermaster and fulfilled on a one for one basis.
5. Upon separation from the post or an absence of six consecutive meetings gear shall be returned to an advisor and accounted for by the Quartermaster.
6. Gear shall only be assigned by the Quartermaster or an advisor at the direction of the Quartermaster.

Personal Grooming

1. Hair

- Hair shall be neat and not extend past the top of the collar. Hair that is past the collar will be pinned up with elastic band and bobby pins. No other hair decorations shall be permitted.

- No ponytails are permitted.
 - If hair dye is used, it shall be of a neutral color.
2. Facial Hair
 - Explorers shall be clean shaven with the exception of a neatly groomed mustache or hair below the lower lip.
 3. Finger nail polish will be of a neutral color, if worn.
 4. Earrings shall be of the post type and no more than one earring shall be worn in each ear. No other piercings visible while in uniform shall be permitted.
 5. Final interpretation of grooming standards and grooming issues not covered by this SOP shall rest with the advisor working the given function with no right of appeal.

Cell Phones, Pagers, and Electronic Devices

These items may be worn on the uniform but must be placed on vibrate or silent mode. Only emergency phone calls shall be taken or received during training or ride-alongs. Phone calls shall not be taken during ride-alongs while on an emergency incident or ride-alongs.

Explorer Meetings/Training Functions

1. All Explorer training events will occur or commence from the Fairfax County Fire and Rescue Academy facility unless otherwise arranged by the Post Advisor.
2. All training functions shall have a training plan describing the activities that will take place. This training plan will be distributed by the Post Advisor to the advisors working the meeting, members of the post, the Battalion Chief of the Training Division, and other parties participating in the training no less than 48 hours prior to the event.
3. Functions are scheduled for the first and third Tuesday of each month from 1800-2100 and one Saturday each month starting at 0800 as published on the training calendar.
4. Explorers shall report in uniform, on time, and with all assigned gear to each function unless otherwise directed by the Explorer Post Captain or Advisor.
5. Explorers are required to attend at least two training events each quarter. Explorers who do not meet attendance requirements will be removed from the roster. Exceptions will be considered on a case-by-case basis.
6. Meetings shall only be cancelled if:
 - Fairfax County Public Schools are closed for the day, evening activities are cancelled, or the Post Advisor or Associate Post Advisor deems it necessary that the meeting be cancelled; and

- Notice of the cancellation is sent via email two hours prior to the start of the meeting.

E. RIDE-ALONG PROGRAM

Explorers shall comply with Appendix B when requesting a ride-along.

F. RETURN OF COUNTY PROPERTY

1. When an Explorer is suspended, resigns or is separated from the Explorer Program for any reason, he or she shall return all county property in his/her possession to an advisor.
2. He/she must also discontinue wearing apparel identifying him or her as a member of Explorer Post 1949.

APPENDICES

APPENDIX A: EXPLORING YOUTH APPLICATION

FAIRFAX COUNTY FIRE EXPLORER APPLICATION PACKET

General Membership Requirements

1. Applicants must be at least fourteen (14) but not yet twenty one (21) years of age.
2. Parental approval must be obtained.
3. A copy of school transcripts demonstrating a 2.0 grade point average or better; must be enclosed with the application.
4. Copy of Birth Certificate must be enclosed with application.
5. The applicant must be in good health and without physical condition(s) that will endanger them, or another member of the Fire Explorers.
6. The applicant must be of good character and possess good moral habits. Driving records will be considered.
7. **None of the above requirements is 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 Post Manager.**

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 FALSEIFICATION OF INFORMATION ON THIS APPLICATION WILL RESULT IN IMMEDIATE DENIAL OF ACCEPTANCE.**

If the applicant is accepted and falsification is discovered, the Explorer will be dismissed without recourse.



Learning for Life and Exploring Annual Health and Medical Record

(Valid for 12 calendar months)

Policy on Use of the Learning for Life and Exploring Annual Health and Medical Record

In order to provide better care for its members and to assist them in better understanding their own physical capabilities, Learning for Life recommends that everyone who participates in a Learning for Life or Exploring event have an annual medical evaluation by a certified and licensed health-care provider—a physician (MD or DO), nurse practitioner, or physician assistant. Providing your medical information on this form will help ensure you meet the minimum standards for participation in various activities. Note that adult leaders must always protect the privacy of unit participants by protecting their medical information.

Parts A and B are to be completed at least annually by participants in all Learning for Life and Exploring events. This health history, parental/guardian informed consent and hold harmless/release agreement, and talent release statement is to be completed by the participant and parents/guardians.

Part C is the physical exam that is required for participants in any event that exceeds 72 consecutive hours or when the nature of the activity is strenuous and demanding. Service projects or work weekends may fit this description. Part C is to be completed and signed by a certified and licensed health-care provider—physician (MD or DO), nurse practitioner, or physician assistant. It is important to note that the height/weight limits must be strictly adhered to when the event will take the post/club/group more than 30 minutes away from an emergency vehicle or an accessible roadway, or to remote areas.

Risk Factors

Based on the vast experience of the medical community, Learning for Life has identified that the following risk factors may define your participation in various outdoor activities.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit the Safety First Guidelines on www.learningforlife.org.

Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. An adult leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but Learning for Life does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

DOB: _____

Outing participants:
Post/club/group No.: _____
or staff position: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Learning for Life activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Learning for Life, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I approve the sharing of the information on this form with Learning for Life volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Learning for Life activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities

Without restrictions

With special considerations or restrictions (list) _____

Talent Release Agreement

I hereby assign and grant to Learning for Life the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by Learning for Life, and I hereby release Learning for Life from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of Learning for Life, and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes No

ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS

You must designate at least one adult. Please include a telephone number.

1. Name _____ Telephone _____

2. Name _____ Telephone _____

3. Name _____ Telephone _____

Adults NOT authorized to take youth to and from events:

1. Name _____

2. Name _____

3. Name _____

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

Participant's name: _____ Date: _____

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Second parent/guardian signature for youth: _____ Date: _____

(If required; for example, CA)

This Annual Health and Medical Record is valid for 12 calendar months.

Part B: General Information/Health History

Full name: _____

DOB: _____

Outing participants:

Post/club/group No.: _____

or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Post/club/group leader: _____ Mobile phone: _____

Council Name/No.: _____ Post/club/group No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.



In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Last HbA1c percentage and date:
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (high blood pressure)	
<input type="checkbox"/>	<input type="checkbox"/>	Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
<input type="checkbox"/>	<input type="checkbox"/>	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	Last attack date:
<input type="checkbox"/>	<input type="checkbox"/>	Lung/respiratory disease	
<input type="checkbox"/>	<input type="checkbox"/>	COPD	
<input type="checkbox"/>	<input type="checkbox"/>	Ear/eyes/nose/sinus problems	
<input type="checkbox"/>	<input type="checkbox"/>	Muscular/skeletal condition/muscle or bone issues	
<input type="checkbox"/>	<input type="checkbox"/>	Head injury/concussion	
<input type="checkbox"/>	<input type="checkbox"/>	Altitude sickness	
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric/psychological or emotional difficulties	
<input type="checkbox"/>	<input type="checkbox"/>	Behavioral/neurological disorders	
<input type="checkbox"/>	<input type="checkbox"/>	Blood disorders/sickle cell disease	
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells and dizziness	
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	
<input type="checkbox"/>	<input type="checkbox"/>	Seizures	Last seizure date:
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal/stomach/digestive problems	
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	
<input type="checkbox"/>	<input type="checkbox"/>	Excessive fatigue	
<input type="checkbox"/>	<input type="checkbox"/>	Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	List all surgeries and hospitalizations	Last surgery date:
<input type="checkbox"/>	<input type="checkbox"/>	List any other medical conditions not covered above	

Part B: General Information/Health History

Full name: _____

DOB: _____

Outing participants:

Post/club/group No.: _____

or staff position: _____

Allergies/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN.

IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.

Medication	Dose	Frequency	Reason

YES NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by:

_____/_____

Parent/guardian signature

MD/DO, NP, or PA signature (if your state requires signature)

!

Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

!

Immunization

The following immunizations are recommended by Learning for Life. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
<input type="checkbox"/>	<input type="checkbox"/>		Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>		Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>		Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>		Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>		Polio	
<input type="checkbox"/>	<input type="checkbox"/>		Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e., HIB)	
<input type="checkbox"/>	<input type="checkbox"/>		Exemption to immunizations (form required)	

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX
Review for program or special activity.

Reviewed by: _____

Date: _____

Further approval required: Yes No

Reason: _____

Approved by: _____

Date: _____

Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: _____

DOB: _____

Outing participants:

Post/club/group No.: _____

or staff position: _____

! You are being asked to certify that this individual has no contraindication for participation in a Learning for Life or Exploring experience. !

Examiner: Please fill in the following information:

		Yes	No	Explain							
Medical restrictions to participate		<input type="checkbox"/>	<input type="checkbox"/>								
Yes	No	Allergies or Reactions		Explain		Yes	No	Allergies or Reactions		Explain	
<input type="checkbox"/>	<input type="checkbox"/>	Medication				<input type="checkbox"/>	<input type="checkbox"/>	Plants			
<input type="checkbox"/>	<input type="checkbox"/>	Food				<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings			

Height (inches): _____ Weight (lbs.): _____ BMI: _____ Blood Pressure: _____ / _____ Pulse: _____

	Normal	Abnormal	Explain Abnormalities
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	
Ears/nose/throat	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Genitalia/hernia	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Learning for Life and/or Exploring experience. This participant (with noted restrictions):

True	False	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Meets height/weight requirements.
<input type="checkbox"/>	<input type="checkbox"/>	Does not have uncontrolled heart disease, asthma, or hypertension.
<input type="checkbox"/>	<input type="checkbox"/>	Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled psychiatric disorders.
<input type="checkbox"/>	<input type="checkbox"/>	Has had no seizures in the last year.
<input type="checkbox"/>	<input type="checkbox"/>	Does not have poorly controlled diabetes.
<input type="checkbox"/>	<input type="checkbox"/>	If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures.

Examiner's Signature: _____ Date: _____

Provider printed name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Office phone: _____

Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned program or special activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295

Evaluation Questionnaire

To be reviewed by the physician or licensed health care professional conducting the attached physical and discussed with the explorer.

Name	
Date	
Age	
Gender	
Height	Ft In
Weight	
Job Title	Explorer
Phone Number	
Has Explorer Post 1949 told you how to contact the health care professional who will review this questionnaire	Yes / No
Type of respirator you will use	Scott SCBA full facepiece
Have you worn a respirator	Yes / No
If yes what type	
Do you <i>currently</i> smoke tobacco, or have you smoked tobacco in the last month	Yes / No
Have you <i>ever had</i> seizures	Yes / No
Have you <i>ever had</i> diabetes	Yes / No
Have you <i>ever had</i> allergic reactions that interfere with your breathing	Yes / No

Have you <i>ever had</i> claustrophobia	Yes / No
Have you <i>ever had</i> trouble smelling odors	Yes / No
Have you <i>ever had</i> asbestosis	Yes / No
Have you <i>ever had</i> asthma	Yes / No
Have you <i>ever had</i> chronic bronchitis	Yes / No
Have you <i>ever had</i> emphysema	Yes / No
Have you <i>ever had</i> pneumonia	Yes / No
Have you <i>ever had</i> tuberculosis	Yes / No
Have you <i>ever had</i> silicosis	Yes / No
Have you <i>ever had</i> pneumothorax	Yes / No
Have you <i>ever had</i> lung cancer	Yes / No
Have you <i>ever had</i> broken ribs	Yes / No
Have you <i>ever had</i> any chest injuries or surgeries	Yes / No
Have you <i>ever had</i> any other lung problem you've been told about	Yes / No
Do you currently have shortness of breath?	Yes / No
Do you currently have shortness of breath when walking fast on level ground or walking up a slight hill or incline?	Yes / No
Do you currently have shortness of breath when walking with other people at an ordinary pace on level ground?	Yes / No
Do you currently have shortness of breath when washing or dressing yourself?	Yes / No

Do you currently have shortness of breath that interferes with your job?	Yes / No
Do you currently have coughing that produces phlegm (thick sputum)?	Yes / No
Do you currently have coughing that wakes you early in the morning?	Yes / No
Do you currently have coughing that wakes you early in the morning?	Yes / No
Do you currently have coughing that occurs mostly when you are lying down?	Yes / No
Have you coughed up blood in the past month?	Yes / No
Do you currently have wheezing?	Yes / No
Do you currently have wheezing that interferes with your job?	Yes / No
Do you currently have chest pain when your breath deeply?	Yes / No
Do you currently have any other symptoms that your think may be related to lung problems?	Yes / No
Have you ever had a heart attack?	Yes / No
Have you ever had a stroke?	Yes / No
Have you ever had angina?	Yes / No
Have you ever had heart failure?	Yes / No
Have you ever had swelling in your legs or feet?	Yes / No
Have you ever had a heart arrhythmia (hear beating irregularly)?	Yes / No

Have you ever had high blood pressure?	Yes / No
Have you ever had any other heart problem you've been told about?	Yes / No
Have you ever had frequent pain or tightness in your chest?	Yes / No
Have you ever had pain or tightness in your chest during physical activity?	Yes / No
Have you ever had pain or tightness in your chest that interferes with your job?	Yes / No
In the past two years, have you noticed your heart skipping or missing a beat?	Yes / No
Have you ever had heartburn or indigestion that is not related to eating?	Yes / No
Have you ever had any other symptoms that you think may be related to heart or circulation problems?	Yes / No
Do you <i>currently</i> take medication for breathing or lung problems?	Yes / No
Do you <i>currently</i> take medication for heart trouble?	Yes / No
Do you <i>currently</i> take medication for blood pressure?	Yes / No
Do you <i>currently</i> take medication for seizures?	Yes / No
If you have used a respirator have you ever had eye irritation?	Yes / No
If you have used a respirator have you ever had skin allergies?	Yes / No
If you have used a respirator have you ever had anxiety?	Yes / No

If you have used a respirator have you ever had general weakness or fatigue?	Yes / No
If you have used a respirator have you ever had any other problem that interferes with your use of a respirator?	Yes / No
Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?	Yes / No
Have you <i>ever</i> lost vision in either eye (temporarily or permanently)?	Yes / No
Do you <i>currently</i> wear contact lenses?	Yes / No
Do you currently wear glasses?	Yes / No
Are you color blind?	Yes / No
Do you have any other eye or vision problem?	Yes / No
Have you ever had an injury to your ears, including a broken ear drum?	Yes / No
Do you currently have difficulty hearing?	Yes / No
Do you currently wear a hearing aid?	Yes / No
Do you currently have any other hearing or ear problem?	Yes / No
Have you ever had a back injury?	Yes / No
Do you currently have weakness in the arms, hands, legs, or feet?	Yes / No
Do you currently have back pain?	Yes / No
Do you currently have difficulty moving your arms and legs?	Yes / No

Do you currently have pain or stiffness when you forward or backward at the waist?	Yes / No
Do you currently have difficulty moving your head up or down?	Yes / No
Do you currently have difficulty moving your head side to side?	Yes / No
Do you currently have difficulty bending at your knees?	Yes / No
Do you currently have difficulty squatting to the ground?	Yes / No
Do you currently have difficulty climbing a flight of stairs or ladder carrying more than 25 lbs?	Yes / No
Do you currently have any other muscle or skeletal problem that interferes with using a respirator?	Yes / No
In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen?	Yes / No
If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions?	Yes / No
At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals?	Yes / No
If "yes," name the chemicals if you know them	
Have you ever worked with asbestos?	Yes / No

Have you ever worked with silica?	Yes / No
Have you ever worked with tungsten or cobalt?	Yes / No
Have you ever worked with beryllium?	Yes / No
Have you ever worked with aluminum?	Yes / No
Have you ever worked with coal?	Yes / No
Have you ever worked with iron?	Yes / No
Have you ever worked with tin?	Yes / No
Have you ever worked with dusty environments?	Yes / No
Have you ever had any other hazardous exposures?	Yes / No
If you have had exposures to the substances above please describe them:	
List any second jobs or side businesses you have?	
List your previous occupations:	
List your current and previous hobbies:	

Have you been in the military services?	Yes / No
If yes, were you exposed to chemical or biological agents?	
Have you ever worked on a HAZMAT team?	Yes / No
Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications)?	
If yes, name the medications if you know them:	
Will you be using HEPA filters, canisters, or cartridges with your respirator?	No
How often are you expected to use the respirator:	
Escape only	No
Emergency rescue only	No
Less than 5 hours per week	Yes
Less than 2 hours per week	Yes
2 to 4 hours per day	No
Over 4 hours per day	No

During the period you are using the respirator is your work effort light?	No
During the period you are using the respirator is your work effort moderate? (Examples of moderate work effort are <i>sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.</i> c. <i>Heavy</i> (above 350 kcal per hour)	Yes
How long does the period last during the average shift?	30 min
During the period you are using the respirator is your work effort heavy?	No
Will you be wearing protective clothing or equipment when you're using your respirator?	Yes
If yes, describe this protective clothing or equipment:	Firefighting gear
Will you be working under hot conditions (temperature exceeding 77 deg. F)?	Yes
Will you be working under humid conditions?	Yes
Describe the work you'll be doing while you're using your respirator(s)?	Fire and rescue incident simulations in a non-IDLH (no smoke or toxins present)
Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases)	N/A

Provide information for each toxic substance that you'll be exposed to when you're using your respirator(s):	N/A
Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):	N/A

Waiver of Liability, Release of Claims, and Indemnification

As consideration for being a member of the Fairfax County Fire Rescue Explorer Post #1949 and thereby being permitted to engage in Fairfax County Fire Explorer Post #1949 activities which further my or my child's education and knowledge of fire rescue activities.

I, the undersigned, hereby agree to indemnify and hold harmless the County of Fairfax, its officials, officers, employees, agents, and volunteers harmless from any and all claims, injuries, or damages of any nature, sustained to my person or property which occur as a result of or during my, or my child's accompanying members of the Fairfax County Fire Rescue Department during their official duties, or during Fairfax County Fire explorer activities.

I further release and waive any and all claims and causes of action, including but not limited to actions based on negligence, which may arise against the County of Fairfax, its officials, officers, employees, agents and volunteers, as a result of any injury to my or my child's person or property which occur as a result of or during my or my child's accompanying members of the Fairfax County Fire Rescue Department during their official duties, or while engaging in any Fairfax County Fire Explorer activity.

I further agree for myself, my heirs, executors, administrators, and assigns, to defend and indemnify the County of Fairfax, its officials, officers, employees, agents and volunteers, their sureties against any and all actions, suits, debts, claims, demands, damages, liability, or expenses of any kind incurred or arising by reason of any actual or claimed negligence or wrongful act or omission of mine or my child's while accompanying any County of Fairfax official, officer, employee, agent, and volunteer, or while engaging in any Fairfax Fire Explorer activity. All parties signing below endorse the preceding three paragraphs as their own and represent that the waiver of liability, release of claims, and indemnification is entered into a knowing and intelligent manner and pursuant to his or her free will.

APPLICANT'S SIGNATURE: _____

SIGNED THIS _____ DAY OF _____, _____

WITNESSED: _____

PARENT'S SIGNATURE: _____

PARENT'S SIGNATURE: _____

Fairfax County Fire Rescue Department Hold Harmless Agreement

In consideration of the County of Fairfax granting the undersigned the opportunity to accompany an employee(s) of the Fairfax County Fire Recue Department in the performance of said employee's duties by riding with said employee(s) in activity owned vehicle: and the undersigned, recognizing the fact that the duties of the firefighters of the county are inherently dangerous and that no duty is owed to the passenger while such employee(s) is engaged in his or her official duties, hereby assumes all risks attendant upon such activity and agrees to hold the County of Fairfax, its officials, officers, employees, agents, and volunteers harmless from any and all claims which may arise as a result of the undersigned's accompanying said employee(s) of the County of Fairfax.

I have read the above and yet desiring to accompany an employee(s) of the Fairfax County Fire Rescue Department, have agreed on this _____ day of _____.

Signature: _____

Print name: _____ Address: _____

City: _____, State: _____ Zip: _____

Date of Birth: _____ Phone: (_____) _____

THE REMANDER OF THIS FORM MUST BE COMPLETED BY A PARENT OR GUARDIAN OF ANY PERSON WHO IS UNDER EIGHTEEN (18) YEARS OF AGE, OR WHO IS APPLYING TO BECOME A FAIRFAX COUNTY FIRE EXPLORER.

I, _____, the parent or legal guardian of the above names minor, (or Explorer Applicant), have read this hold harmless agreement and hereby consent to the minor/applicant accompanying a County of Fairfax employee(s) by riding with the employee(s) in a city owned vehicle and knowing of the risks involved and assuming same, hereby agree to hold the County of Fairfax and its officials, officers, employees, agents, and volunteers harmless from any and all claims which may arise as a result of the above minor/applicant accompanying said employee(s) of the County of Fairfax.

Signature: _____

Address: _____

City: _____, State: _____ Zip: _____

Phone: (_____) _____

STATEMENT OF UNDERSTANDING

I HEREBY REPRESENT THAT I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THIS DOCUMENT CONSISTING OF GENERAL MEMBER REQUIREMENTS, WAIVER OF LIABILITY, APPLICATION, AND HOLD HARMLESS AGREEMENT, AND UNDERSTAND THE CONTENTS OF THESE DOCUMENTS AND SIGN SAME OF MY OWN FREE WILL.

EXECUTED AT _____,

ON THIS _____ DAY OF _____, _____.

SIGNATURE OF STUDENT MEMBER: _____

ADDRESS: _____

PARENTS INITIALS _____

AS PARENT OR GUARDIAN OF _____, I HAVE READ THE ATTACHED FORMS AS NOTED ABOVE AND AGREE TO ALL OF THE TERMS CONTAINED THEREIN.

SIGNATURE OF PARENT OR GUARDIAN _____

HOME PHONE (_____) _____ WORK PHONE (_____) _____

DATE _____

I hereby apply for the position of Fire Rescue Explorer.

Applicant signature: _____ Date: _____

APPENDIX B: EXPLORER POST RIDE-ALONG

Explorer Post Ride-Along Program Procedures

1. Explorers must be 16 years of age as of the date of the ride-along.
2. Explorers must be enrolled in the Post and registered with the National Capital Area Learning for Life Office (BSA).
3. Explorers must complete a preparatory class to include Health Insurance Portability and Accountability Act (HIPAA) awareness.
4. Explorers shall be limited to two ride-alongs per month.
 - During the months of July and August, Explorers may participate in four ride-alongs per month.
 - Ride-alongs shall take place between 0700 and 2100 and shall not exceed 12 hours in duration.
 - Consideration will be given to units on a call at the scheduled ending time of the ride-along.
5. Explorers may not ride along with any individual FRD employee to achieve compliance with the BSA requirement for “two deep leadership.”
6. Explorers may not ride along with family members. An exception will be made for the Explorer’s or employee’s last day in the Post or department.
7. Any concerns or suggestions regarding the program shall be addressed to the Post Advisor.

Explorer Conduct and Responsibilities

1. Ride along in an observatory role.
2. Transportation to and from the ride-along is the responsibility of the Explorer.
3. Explorers shall report for duty 15-30 minutes prior to the appointed time. Explorers shall sign the log book and check in with the shift and unit Officer in Charge (OIC).
4. Explorers shall obey all instructions given by the OIC.
5. Explorers shall wear a seat belt while in any vehicle that is in motion and hearing protection in any vehicle using audible warning devices.
6. The Explorer shall listen to the unit OIC and incident radio traffic, remaining quiet and courteous during an incident.
7. Explorers may ask questions of the OIC after an incident is brought to a close.
8. Explorers should immediately point out any hazards that endanger crew safety to the OIC.
9. If an Explorer is instructed to do something which violates Explorer governing documents, the Explorer should respectfully advise the OIC of such a violation.
10. Explorers encountering any situation during a ride-along which they find personally disturbing or contrary to the best interests of the Explorer Program, shall bring the situation to the attention of the unit/shift OIC and Post Advisor as soon as possible.

11. An Explorer shall not represent himself or herself as a FRD employee or FRD volunteer member during his/her ride-along.
12. Explorers shall refrain from unnecessary cell phone/computer-use during the ride-along.
13. On non-immediate danger to life and health (IDLH) calls, the Explorer shall remain with the unit OIC. On IDLH calls, the Explorer shall report to the Command Post. He or she shall not distract the Incident Commander.
14. Report any injury to the unit OIC.

Unit Officer Responsibilities

1. Prior to commencing the ride-along, the OIC shall provide the Explorer with general expectations.
2. It shall be the responsibility of the OIC to look out for the safety and welfare of the Explorer at all times.
3. The OIC may direct the Explorer to remain at the station with another FRD employee or in the unit when on scene depending on the circumstances of the response.
4. Any misconduct of an Explorer during a ride-along shall be grounds for ending the ride-along. Notification shall be made by the Explorer and unit/shift OIC to the Post Advisor as soon as practical. Arrangements shall be made for the Explorer to leave the station and/or arrange for transportation by his or her legal guardian.
5. Assist the program manager in documenting injuries in accordance with Appendix D.

Explorer Post Ride-Along Application

To establish procedures for members of the FRD's Explorer Post seeking permission to ride as observers of the incident scene operations.

1. Application
 - a. Explorers wishing to ride along shall submit a completed agreement form to the Explorer Post Program Manager no later than seven days prior to the requested date. After submission of the initial agreement form, subsequent requests may be made via email.
 - b. The Post Advisor shall review the request for compliance with the guidelines listed below and ensure there are no conflicts with the master calendar or volunteer members riding the affected units.

The Post Advisor shall forward the request to the appropriate Deputy Fire Chief of Operations (DFCO) or designee.

2. Approval

- a. The DFCO or designee will notify the post advisor that the request has been approved/disapproved.
- b. The Post Advisor will notify the Explorer, affected shift leader, and affected Battalion Chief of the ride-along.
- c. The DFCO and post advisor shall maintain a record of the approved/disapproved request for a period of one year.

3. Disabilities

- a. Fire and rescue apparatus are not equipped to accommodate persons with disabilities. Ride-along requests that would require special accommodations will be reviewed on a case-by-case basis.

Fairfax County Fire and Rescue Department Explorer Post 1949 Ride Along Agreement

Updated 08/17/2012

Explorer: _____ **Parent/Guardian:** _____
ex. First Name, Middle Initial, Last Name *ex. First Name, Middle Initial, Last Name*

Phone #: _____ **Date:** _____

I, _____ request permission from the Fairfax County Fire and Rescue Department for my son / daughter _____ to participate in the Explorer Post Ride Along Program. If granted, permission for participation in the program will continue as long as he/ she is a member in good standing in post. Participation in the program may be discontinued at my request or by the program manager. I attest that my son / daughter is registered with Explorer Post 1949 through the Learning for Life Program and does not have any physical or other conditions that would interfere with participation in the program.

Participation in the program entails inclusion in normal daily station activities and responding to emergency incidents with on duty personnel. I understand that Fire and Rescue Department (FRD) personnel will make every effort to provide for my son/daughter's safety, however participation in the program entails an inherent risk. I understand that under Virginia Law, the county and its agencies, including the department, are immune to suits based upon tortious injury. I understand in certain circumstances its officers, agents, or employees may also be covered by this immunity from suit. I agree not to hold the Fairfax County, the Fire and Rescue Department, or any of its officers, agents, or employees liable for any injuries my child may receive before, during, or after participation in this activity. Explorers participating in the ride along program shall follow the Fairfax County Fire and Rescue Department Exploring Operating Procedures.

I certify that I have read and understand the nature of this agreement, its implications, risks, and possible hazards.

Note: Notary will sign prior to the program manager/post advisor. It will be up to the Explorer to have the form notarized.

Parent/Guardian Signature: _____ **Date:** _____
ex. First Name, Middle Initial, Last Name

I swear or affirm that the foregoing information is full, true, and correct to the best of my knowledge.

Explorer Signature: _____ **Date:** _____
ex. First Name, Middle Initial, Last Name

Commonwealth of Virginia, city/county of _____ to wit:

The foregoing disclosure form was acknowledged before me this _____ day _____, 20_____

by:

_____ **Name of Explorer**

My commission expires _____ **Date** _____ **Notary Public & Notary Registration Number** _____

Program Manager Signature: _____ **Date:** _____
ex. First Name, Middle Initial, Last Name

APPENDIX C: EXPLORER INJURY REPORTING

Explorer Injury Reporting

Responsibilities of the Advisor at a Training Event

1. Provide/obtain care for the injured Explorer.
 - a. Call 911 as appropriate.
 - b. If the Explorer is transported, one advisor shall accompany the Explorer to the hospital.
 - c. If the Explorer is a minor and the injury is not severe, allow the Program Manager or advisor to contact the Explorer's parent prior to transport.
2. Notify the Program Manager (number can be obtained from Telestaff).
 - a. The Program Manager will notify:
 - The parents of the injured Explorer.
 - The Battalion Chief of the Training Division.
 - The Uniform Fire Officer in Dispatch (UFOD).
 - Boy Scouts of America (BSA) George Mason District Executive.
 - b. The Program Manager will report to the hospital as necessary.
 - c. The Program Manager will complete the required BSA documentation in coordination with the District Commissioner.
3. Notify the appropriate safety officer (SAF402 for the Fire and Rescue Academy).
4. Complete the Risk-06 and FRD-317 from all witnesses affiliated with the FRD and fax to the appropriate Safety Officer.
5. Update the Program Manager when steps one to four are complete.

Responsibilities of the Shift Leader during a Ride-Along

1. Provide/obtain care for the injured Explorer.
 - a. Initiate immediate transport as appropriate.
 - b. If the Explorer is a minor and the injury is not severe, allow the Program Manager or shift leader to contact the Explorer's parents prior to transport.
 - c. The transport or ride-along unit OIC shall remain with the injured Explorer at the hospital until relieved by the Explorer's parents or another member of the FRD.
2. Notify the program manager (number can be obtained from Telestaff).
 - a. The program manager will notify:
 - The parents of the injured Explorer.
 - The Battalion Chief of the Training Division.
 - The UFOD.
 - BSA George Mason District Executive.
 - b. The Program Manager will report to the hospital as necessary.
 - c. The Program Manager will complete the required BSA documentation in coordination with the District Commissioner.

3. Notify the appropriate Safety Officer.
4. Notify the appropriate Battalion Chief.
5. Complete the Risk-06 and FRD-317 from all witnesses affiliated with the FRD and fax to the appropriate Safety Officer (or Battalion Chief as directed by the Battalion Chief).
6. Update the Program Manager when steps one to five are complete.