



**WILMINGTON FIRE DEPARTMENT**  
**Fire Emergency Services Explorer Post 100**

*Our best today for a better tomorrow*

**PROGRAM REGISTRATION FORM**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE NUMBER(S):** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_

**FIRE COMPANY AFFILIATION:** \_\_\_\_\_

**YEARS OF EXPERIENCE:** \_\_\_\_\_

**FIRE SCHOOL TRAINING COMPLETED:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PARENT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**(If applicant is under 18 years old)**

**Return completed registration form to:**  
Chief Michael Donohue  
Wilmington Fire Department  
Emergency Operations Center  
22 S. Heald Street, Wilmington, DE 19801  
Fax: (302) 571-4039