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 activates 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 an 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 Born 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
- Toos
- Gear
- Ladder Training
- Hydrant
- Communications
- Apparatus Training
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: __________________________________________

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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