

LDCFM EXPLORER PROGRAM WELCOME PACKET



LAWRENCE-DOUGLAS COUNTY FIRE MEDICAL | 1911 STEWART AVE, LAWRENCE, KS 66046
(785) 830-7000 | www.lawrenceks.org/fire-medical

2024 VISION STATEMENT FOR LDCFM EXPLORER POST #2555

Our Mission: Empowering Explorers with excellence, integrity, and teamwork: Building tomorrow's fire service leaders through training, discipline, and dedication.

Lawrence-Douglas County Fire Medical (LDCFM) runs one of the most successful Explorers Program in the state of Kansas. Success for this program is measured by the quality of the finished product. A successful Explorer Program is one that effectively prepares young individuals for careers in firefighting while instilling in them the values of service, leadership, and community engagement. Graduates from Post #2555 are recognizable by their level of personal ownership, self-leadership, physical fitness, and understanding not only of firefighting and EMS fundamentals, but also how to be effective, and responsible adults. Graduates from this program stand out as true self-leaders and lifelong learners.

As an Explorer Post, LDCFM embraces our journey with humility and determination, committed to mastering the art and science of firefighting. Through relentless dedication, continuous learning, and unwavering discipline, we pledge to uphold the highest standards of service, safety, and professionalism. With courage and integrity, we stand ready to support our team and community, responding to challenges with skill, compassion, and unwavering commitment to safeguarding lives and property.

The Explorer Program envisions a future where every participant discovers their potential to serve and protect their communities. Through hands-on experience, mentorship, and immersive training, we empower young minds to embrace the values of courage, integrity, and teamwork inherent in the firefighting profession. Our vision is to cultivate a diverse cadre of future firefighters who embody resilience, compassion, and readiness to confront the challenges of tomorrow.

Graduates from the LDCFM Explorer Program are notable for their strong knowledge of fundamental firefighting and EMS skills. Explorers stand as a testament to resilience, having navigated challenges and honed their abilities in simulated and real-life emergency scenarios. The Explorer Program graduates embark on their journey, ready to safeguard lives, protect property, and uphold the noble traditions of the firefighting profession.



LDCFM EXPLORER EXPECTATIONS

Physical Fitness: Explorers are expected to maintain a high level of physical fitness. This includes passing regular fitness tests and being able to perform the physical tasks required of firefighters, such as carrying heavy equipment, climbing ladders, and rescuing individuals.

Training: Explorers must participate in training and are not allowed to use their phones unless permission is given. Be respectful and listen with intent.

Equipment Familiarity: Familiarity with firefighting equipment and apparatus is essential. Explorers should learn how to properly use and maintain firefighting tools and protective gear.

Appearance: Personal appearance shall reflect professionalism of the group. Hair must be well kept, shirts are to be tucked in, face must be shaved, and Explorers gear shall be always worn.

Teamwork and Collaboration: Firefighting is a team effort, so Explorers must be able to work effectively as part of a team. This includes communicating clearly with other team members, following instructions from senior firefighters and officers, and contributing to group tasks and objectives.

Professionalism and Integrity: Explorers are expected to uphold high standards of professionalism and integrity at all times. This includes treating colleagues, supervisors, and members of the community with respect and maintaining confidentiality as required.

Continued Learning and Improvement: Firefighting is a dynamic field; Explorers should be committed to ongoing learning and improvement. This may involve participating in additional training programs, attending fire/EMS classes, and seeking feedback from senior firefighters and officers to identify areas for growth.

Attendance: Explorers must attend 70% of the meetings and must communicate with advisor about their attendance.

- First unexcused absence: Verbal warning.
- Second unexcused absence: Formal meeting with parent/guardian and Explorer.
- Third unexcused absence: Termination from the program and a one-year suspension from the program.

Community Engagement: Explorers must actively engage with the community through outreach programs, retirement breakfast, and community events. This helps build positive relationships with community members and enhances public safety awareness.

Evaluation and Performance Reviews: Explorers will undergo annual evaluations and performance reviews. These evaluations assess their progress, skills, and readiness for the future.

Overall, Explorers are expected to demonstrate dedication, professionalism, and a commitment to serving their community while adhering to the values and standards of LDCFM.

LDCFM EXPLORER EXPECTATIONS CONTINUED

By signing below, we acknowledge and agree to abide by the outlined LDCFM Explorer Program expectations, committing to uphold the standards of conduct and safety within the program.

Explorer Name (Print)

Explorer Signature

Date

Parent / Guardian Signature

Date

LDCFM EXPLORER POST #2555
CONTACT INFORMATION, FOOD ALLERGIES, AND MEDICAL HISTORY FORM

Explorer Contact Information	
Name:	Phone:
Alternative Phone:	Email:
Address:	

Parent / Guardian Contact Information	
Name:	Relationship:
Phone:	Alternative Phone:
Email:	
Address:	

Emergency Contact Information	
Name:	Relationship:
Phone:	Alternative Phone:
Email:	
Address:	

Food Allergies / Medical History
Allergies:
Specific Allergens:
Reaction / Severity:
Do you carry a prescribed EpiPen injector or inhaler?

LDCFM EXPLORER POST #2555
FOOD ALLERGIES AND MEDICAL HISTORY FORM CONTINUED

Please list specific food / brands that need to be avoided below:

1.

2.

3.

Pertinent Medical History

What should LDCFM Explorer Instructors should be aware of for Explorer Activities?

1.

2.

3.

Explorer Signature

Date

Parent / Guardian Signature

Date

LDCFM EXPLORER POST #2555 EXPLORER RIDE ALONG WAIVER

I agree that I or the ride-out participant is permitted to ride as an observing passenger (see guidelines) with an on-duty employee(s) of Lawrence-Douglas County Fire Medical. I will hold the City of Lawrence, KS harmless for any loss, injury, or damage which may occur while riding and/or accompanying such LDCFM employees in the discharge of their duties.

I further agree that I will hold harmless the individual employee(s) from any and all loss, injury, or damage which may occur while in the company of such employee(s).

Responsible Party's Signature (if rider is a minor child)

Date

Explorer / Rider Information

Name (Please Print)

Age (if minor child)

Responsible Party's Name (if rider is a minor child)

Relationship to Rider

Address

Phone Number

City

State

Zip Code

Requested Ride Date / Time

Date

Start Time

End Time

Comments / Special Request(s):

For Office Use Only

- | | |
|----------------------------------|------------------------------------|
| <input type="checkbox"/> X-Shift | <input type="checkbox"/> Station 1 |
| <input type="checkbox"/> Y-Shift | <input type="checkbox"/> Station 2 |
| <input type="checkbox"/> Z-Shift | <input type="checkbox"/> Station 3 |
| | <input type="checkbox"/> Station 4 |
| | <input type="checkbox"/> Station 5 |

Ride Along Guidelines

- Requests to ride-out shall be made to the Administration Office at least seven (7) days prior to the date of the ride out.
- The assignment for the ride-out location shall be determined by the Explorer Advisor.
- Hours of the ride-out shall be from 0700-1900 hours. These times may be modified by the Shift Operations Chief Office under special circumstances.
- The minimum age for a rider shall be 14 years of age.
- The Explorer shall wear their duty uniform.
- The Explorer shall provide their own meals and nourishments.
- Ride-outs are limited to to once a month, unless approved by an Operations Chief Officer.
- Explorers may only ride on fire apparatus.
- Any special considerations to the above policy shall be address by the Operations Chief Officer.
- Each individual that requests to ride with LDCFM shall be briefed on the importance of confidentially and sign a "Guest / Trainee Confidentially and Non-Disclosure Agreement" form.

**LAWRENCE-DOUGLAS COUNTY FIRE MEDICAL GUEST / TRAINEE
CONFIDENTIALTY AND NON-DICLOSURE AGREEMENT**

I, _____, acknowledge that patients provide and Lawrence-Douglas County Fire Medical collects personal, confidential information verbally, in writing, and through digital means. I understand and agree that any information pertaining to patients is strictly confidential and protected by federal and state laws and that I will not use or disclose patient information in any way, unless Lawrence-Douglas County Fire Medical authorizes me to do so.

I agree that I will comply with all HIPAA policies and procedures in place during my experience as a guest/trainee with Lawrence-Douglas County Fire Medical. If at any time I knowingly or inadvertently breach patient confidentiality or violate the HIPAA policies and procedures of Lawrence-Douglas County Fire Medical, I agree to notify Lawrence-Douglas County Fire Medical immediately.

I also understand that I may be exposed to other confidential or proprietary information of Lawrence-Douglas County Fire Medical and I agree not to reveal any of that information to anyone at any time, unless I am authorized by Lawrence-Douglas County Fire Medical to do so. This means that I will not disclose information about Lawrence-Douglas County Fire Medical's business practices or other information that Lawrence-Douglas County Fire Medical might consider to be confidential or proprietary.

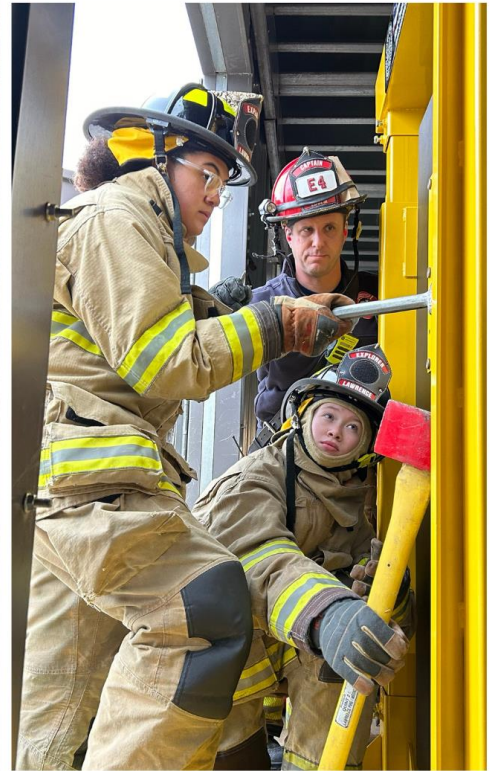
Failure to uphold these obligations may result in immediate suspension or termination of the privilege to gain clinical experience or observe the activities of Lawrence-Douglas County Fire Medical. Upon termination of this privilege for any reason, or at any time upon request, I agree to return any and all patient information or confidential or proprietary information in my possession. I understand that any patient or confidential information that I see or hear while a guest/trainee will stay here at Lawrence-Douglas County Fire Medical when I leave.

I have been given an overview of Lawrence-Douglas County Fire Medical's HIPAA policies and procedures and have been given access to review those policies and I agree to abide by them.

Signature

Date

Printed Name



Have Questions? Please contact us:

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Engineer AEMT

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**Scan for more
Information:**



**LAWRENCE-DOUGLAS COUNTY
FIRE MEDICAL**