



Fountain Hills Fire Department

Explorer Post 892

Letter of Interest

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone () _____ Alt. Phone () _____

E-Mail: _____

School/ Grade: _____

In 3 - 4 sentences, describe why you are interested in joining the Fountain Hills Fire Department's Explorer Program.

Please mail your Letter of Interest to:
Fountain Hills Rural/ Metro Fire Department
Re: Explorer Post 892
16426 E. Palisades Blvd., Fountain Hills, AZ 85268.