

**CITY OF RIVERSIDE FIRE DEPARTMENT
EXPLORER POST 101
RESIGNATION FORM**

Explorer name: _____

Division (Training or Operations) _____

Date: _____ Training Officer: _____

Reason for Resignation:

I hereby understand that by endorsing this document that I am no longer affiliated with the City of Riverside Fire Department Explorer Post 101. I have turned in all safety gear and equipment issued to me by the City of Riverside Fire Department Explorer Post 101. I understand that I am responsible for any/all actions to impersonate/ imply affiliation with City of Riverside Fire Department Explorer Post 101 and that these actions are considered fraud and could be reported to the City of Riverside Police Department.

Explorer's Signature: _____

Date: _____

Post Advisor's Signature: _____

Date: _____

List of Safety Gear/Equipment turned in:

