



Chad Cameron

Fire Chief

645 E. Cope Industrial Way

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MEMORANDUM

TO: Palmer Explorer Post Applicant

FROM: Chad Cameron

SUBJECT: Required Paperwork

Attached is the membership application for Palmer Fire & Rescue Explorer Post. Please fill it out as completely as possible and return to our offices 8:00 a.m. to 5:00 p.m. Monday through Friday. Interviews are scheduled at the beginning of each quarter throughout the year.

The following information should be submitted with the application:

1. **Must have completed 8th grade.** Please submit a copy of your promotion certificate or most current report card.
2. **Must be at least 14 years of age.** Submit a copy of your birth certificate.
3. A copy of your immunization record.
4. A copy of your State of Alaska learner's permit or driver's license.

PALMER FIRE & RESCUE
645 E. COPE INDUSTRIAL WAY
PALMER, AK 99645-6748
PHONE: 907-745-3709 FAX: 907-745-5443

PALMER EXPLORER POST - MEMBERSHIP APPLICATION

Personal Information

Name (Last, First MI): _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____ SSN: _____

Health History (To be filled out by parent or guardian)

Check all items that apply, past or present, to this individual's health history.

- | | | |
|---|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Cancer/Leukemia | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> ADHD (Attention Deficit Hyperactive Disorder) |

List all allergies (food, medicines, etc.): _____

List any physical or behavioral conditions that may affect or limit participation in Palmer Fire & Rescue: _____

IMMUNIZATIONS (Give date of last inoculation or provide copy of immunization record):

Tetanus toxoid* _____ Diphtheria _____ Pertussis _____

Measles _____ Mumps _____ Rubella _____ Polio _____

Name/Phone # of Personal Physician: _____

Personal Health/Accident Insurance Carrier: _____

Policy No.: _____

This health history is correct so 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 all measures be instituted without delay as the judgment of medical personnel dictates.

PARENT/GUARDIAN SIGNATURE: _____

Print Name: _____ Date: _____

*The Tetanus immunization is required and must have been received within the last 10 years. Please provide documentation of this immunization.

Medical Evaluation

Are you able to perform the necessary functions of this job* with or without reasonable accommodations?

Yes _____ No _____

* See the attached Explorer Job Description/Specifications.

References (At least two references should be a teacher, coach and/or tutor)

1.

2.

3.

- The information provided in this membership application is true, correct and complete. If offered membership with Palmer Fire & Rescue, any misstatement or omission of fact on this application may result in dismissal. I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision to offer membership. This authorization includes permission to check references.
- If necessary for membership you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or drug test, or to sign a conflict of interest agreement and abide by its terms.
- I understand that acceptance of an offer of membership does not create a contractual obligation or permanent membership upon Palmer Fire & Rescue. Membership may be terminated at any time at the option of the member or Palmer Fire & Rescue.

I understand and agree to the information shown above.

Applicant Signature:

Date:

APPROVED BY:

Date:

Signature of Explorer Post Leader

Palmer Fire & Rescue is an equal employment opportunity employer.

Applicants will receive consideration without regard to race, color, religion, creed, gender, national origin, age, disability, or marital or veteran status.

Job Description/Specifications

JOB TITLE: Explorer

SALARY GRADE: N/A

BRANCH: Fire

REPORTS TO: Explorer Advisors and/or Assigned Fire Officer

SUPERVISES: None

1. GENERAL FUNCTION:

- a. Under direct supervision, responds to fires or fire related emergencies within the Palmer response area to protect life, property and environment; carry out the full range of exterior zone fire-ground tasks and supports tasks and functions of the interior zone; fire prevention activities, station and equipment maintenance activities, and continual training activities; and to do other work as related.

2. DUTIES AND RESPONSIBILITIES:

- a. Don and doff personal protective clothing.
- b. Respond on apparatus to emergency scenes.
- c. Assist Engineers in spotting and backing apparatus.
- d. Select ropes and tie correct knots for hoisting tools and equipment.
- e. Set up ground ladders for various tasks.
- f. Extinguish fires from exterior at safe distance.
- g. Connect fire department apparatus to a water supply.
- h. Deploy water supply hose for forward and reverse hose lays.
- i. Load and off-load mobile water supply apparatus.
- j. Illuminate the emergency scene.

- k. Clean, check and maintain ladders, ropes and hand tools.
 - l. Clean, inspect and return fire hose to service.
3. EDUCATION AND TRAINING:
- a. Must be at least 14 years of age.
 - b. Must have completed the 8th grade, with documentation.
4. KNOWLEDGE AND EXPERIENCE:
- a. No previous experience required. Skills and knowledge will be acquired through departmental training.
5. INITIATIVE AND JUDGMENT:
- a. Requires initiative in preparing for emergencies with training and maintenance activities. Should use his/her good judgment in performing all tasks and assignments following the Palmer Standard Operating Guidelines.
6. SUPERVISION:
- a. None. Work is performed under direct supervision.
7. PROPERTY AND RESOURCES:
- a. Expected to be familiar with the approved Standard Operating Guidelines for their level of training and role as a member within the department.
 - b. Expected to carry out, with supervision, a full range of exterior zone fire-ground tasks using a variety of resources and equipment.
 - c. Responsible for assistance with maintenance of stations, protective gear, and equipment needed to carry out assigned tasks.
8. CONTACTS:
- a. Regular contact with personnel, supervisors and the public requires effective oral and written communication, tact and courtesy. Must establish and maintain effective working relationships with personnel, public and private officials and the community members.
9. WORKING CONDITIONS:
- a. Work is on-call for emergencies and pre-scheduled for training. Work is performed in classrooms and out-of-doors involving essential firefighting functions as follows:
 - i. Operate as a team member at incidents of uncertain duration.
 - ii. Spend extensive time outside exposed to the elements.

- iii. Work in wet, icy or muddy areas. Perform a variety of tasks on slippery, hazardous surfaces.
- iv. Work in areas where sustaining traumatic or thermal injuries is possible.
- v. Be exposed to grotesque sights and smells associated with major trauma and burn victims.
- vi. Operate in environments of high noise and poor visibility.
- vii. Use manual tools in the performance of duties.

10. PHYSICAL EFFORT:

- a. Moderate physical exertion required in standing, walking, traveling between locations and performing explorer/support firefighter duties. Wear personal protective equipment that weighs approximately 60 lbs. while performing firefighting tasks. Work for long periods of time, requiring sustained physical activity and intense concentration.



Chad Cameron
Fire Chief

YOUTH PARTICIPANT

Post number:

This form is read by machine. Please print the numbers and letters as shown on the sample application.

If applicant has an unexpired participant certificate, participation may be accomplished in this unit by paying \$1 for processing the transfer. Mark and attach certificate. It will be returned by the council.

Transfer application Transfer from council number:

Post number:

E-mail:

Name and address information (Please print one letter in each space—press hard, you are making a copy.)
 First name (No initials or nicknames)

Middle name

Last name

Suffix

Country Mailing address

City

State ZIP code

Home phone

Date of birth (mm/dd/yyyy)

Grade

Ethnic background:

School

African American

Native American

Alaska Native

Asian

Caucasian/White

Hispanic/Latino

Pacific Islander

Other

Gender: Male Female

Parent/guardian information

Mark here if address is same as above.

Mark here if the adult parent/guardian is not living at the same address; complete and attach a Learning for Life adult application.

Select relationship:

Parent

Guardian

Grandparent

Other (specify)

First name (No initials or nicknames)

Middle name

Last name

Suffix

Country Mailing address

City

State ZIP code

Home phone

Date of birth (mm/dd/yyyy)

Occupation

Employer

Gender: M F

Business phone

Ext.

Previous Exploring experience

Cell phone

Parent/guardian e-mail address

I have read the attached information sheet and approve the application (signature of parent/guardian required if applicant is under 18 years of age).

Signature of post leader

Date

Signature of parent/guardian

6001

Registration fee \$

Signature of Explorer