





Chad Cameron

Fire Chief 645 E. Cope Industrial Way Phone: 907-745-3709 Direct: 907-745-3854 Fax: 907-745-5443



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	nc			
Name (Last, First MI):				
Mailing Address:		•		
Home Phone:	Work Phone:		Cell Phone:	
Email:				
Date of Birth:		SSN:		
Health History (To b	e filled out by parent or gu	uardian)		
Check all items that apply, past or present, to this individual's health history.				
☐ Asthma ☐ Cancer/Leukemia ☐ Convulsions/Seizur			es Disease (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*	Diptheria	Perti	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 SIG	NATURE:			
Print Name:			_ Date:	
*The Tetanus immuniza documentation of this		ve been received with	in the last 10 years. Please provide	

Сельчальный принципунка принци					
Medical Evaluation					
Are you able to perform the necessary functions of this job* v	with or without reasonable accommodations?				
Yes No					
* See the attached Explorer Job Description/Specifications.					
References (At least two references should be a teach	her, coach and/or tutor)				
1.					
2.					
3.					
 The information provided in this membership application is Palmer Fire & Rescue, any misstatement or omission of fact investigation of all statements contained in this application membership. This authorization includes permission to che If necessary for membership you may be required to: supply work in the United States, have a physical examination and and abide by its terms. I understand that acceptance of an offer of membership do membership upon Palmer Fire & Rescue. Membership may Palmer Fire & Rescue. 	at on this application may result in dismissal. I authorize as may be necessary in arriving at a decision to offer eck references. Ply your birth certificate or other proof of authorization to did did did did did did did did did di				
I understand and agree to the	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.

PALMER FIRE & RESCUE

Standard Operating Guideline: Administration SOG 010

John McNutt 28-Mar-2019

Job Description/Specifications

JOB TITLE: **Explorer** SALARY GRADE: N/A

BRANCH: Fire

REPORTS TO: 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. Combat urban-wildland interface fires.
- h. Connect fire department apparatus to a water supply.
- i. Deploy water supply hose for forward and reverse hose lays.
- j. Load and off-load mobile water supply apparatus.
- k. Illuminate the emergency scene.
- I. Clean, check and maintain ladders, ropes and hand tools.
- m. 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 maintaining stations, protective gear and all 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. Face exposure to infectious agents such as hepatitis B or HIV.
 - vi. Be exposed to grotesque sights and smells associated with major trauma and burn victims.
 - vii. Operate in environments of high noise and poor visibility.
 - viii. Use manual tools in the performance of duties.
 - ix. Rely on senses of sight, hearing, smell and touch to help maintain personal safety, and make critical decisions in a confused, chaotic and potentially life-threatening environment throughout the duration of the operation.

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 30 lbs. while performing firefighting tasks. Work for long periods of time, requiring sustained physical activity and intense concentration.

John McNutt Fire Chief

PARTICIPANT HTUOY

number: Post

6001 Signature of post leader Parent/guardian e-mail address Business phone Country Mailing address First name (No initials or nicknames) School Home phone Select relationship: Parent/guardian information Home phone Country Mailing address First name (No initials or nicknames) Name and address information (Please print one letter in each space—press hard, you are making a copy.) 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. Mark here if the adult parent/guardian is not living at the same address; complete and attach a Learning for Life adult application. Transfer application Transfer from council number: Registration fee **Parent** Mark here if address is same as above. Date of birth (mm/dd/yyyy) Ext Date of birth (mm/dd/yyyyy) Previous Exploring experience Guardian Middle name Middle name Date Occupation 0 Grade City City Grandparent Last name Last name Ethnic background: Gender: 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 parent/guardian Caucasian/White African American Other (specify) Male Employer Hispanic/Latino Native American Cell phone Female Pacific Islander Alaska Native State State Post number: Zip code Zip code Suffix Suffix Gender 0ther Asian

Signature of Explorer