



Membership Information Packet

Thank you for your interest in volunteering with Cooper Landing Emergency Services!

Enclosed you will find information about being a volunteer. Please read this prior to making your decision to submit the following application.

Agency Overview:

Cooper Landing Emergency Services, Inc. (CLES) is a non-profit organization providing fire protection, prevention, awareness and emergency medical services to Cooper Landing and the surrounding area. Although we provide both fire and emergency medical services, members are not required to participate in both fields. Members are encouraged to cross train as both fields operate together on calls.

CLES responds to around 150 calls each year, operating with a combination department of 2 part time employees, and over 20 volunteer responders. While CLES officially provides services within a service area, we also provide mutual aid response to neighboring departments: Moose Pass and Hope Sunrise. The population of the service area is approximately 350, though the number can swell to nearly 750 during the busy summer months. In order to accomplish this, we require having skilled and involved volunteers for all sections of our agency both Fire and EMS. Our Fire Department operates in a strictly exterior manner, and our EMS is a Basic Life Support agency with limited extended scope operations for those higher than a State of Alaska Emergency Medical Technician -1.

When you become a volunteer you have expectations, and so does CLES. You should expect to receive quality training, be provided with the tools and equipment needed, and be given support by a group of people working to achieve the common goal of Serving and Protecting the citizens of Cooper Landing and all those who travel through.

CLES expects a commitment from you to attend trainings, to be capable of responding to emergency calls both at time of and on scheduled shifts whenever possible, and volunteering your time for agency community service programs and fundraisers.

Application Procedures:

If you are interested in becoming a volunteer after reading the information above, please complete the following application and return it to the CLES station as soon as possible. Also include your background check information and DMV check. Your application will be reviewed by the CLES Administration. If there are no questions, your application will then be forwarded on for processing, and you will be contacted upon approval to begin your probationary status.



COOPER LANDING EMERGENCY SERVICES VOLUNTEER APPLICATION

Submit to:

Cooper Landing Emergency Services

Cles.operations@arctic.net

PO Box 510

Cooper Landing, AK 99572

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation, or other legally protected status.

Date: _____

NAME:	Last	First	MI	
TELEPHONE:	Home	Cell	EMAIL ADDRESS	
ADDRESS:	Street	City	State	Zip Code
MAILING ADDRESS (if different then above)				

Have you ever volunteered for CLES before? Yes No

On what date would you be available to volunteer? _____

PREFERRED VOLUNTEER DUTIES	
<input type="checkbox"/>	FIREFIGHTER (Responsible for performing extrication, fire suppression)
<input type="checkbox"/>	EMS PROVIDER (Certified as an Emergency Trauma Technician, Emergency Medical Technician - 1 or higher, provides medical care to patients)
<input type="checkbox"/>	DRIVER/OPERATOR (Responsible for safe transport of members and patients on board apparatus, running pumps at fire scenes, vehicle and equipment knowledge)
<input type="checkbox"/>	SCENE SUPPORT (Assists medical providers and firefighters on scenes, traffic control)
<input type="checkbox"/>	CIVIL SUPPORT (Participates in/organizes fundraisers and community events)
Date and Times Available for Trainings and Calls: (Be specific):	

PREVIOUS VOLUNTEER EXPERIENCE

Organization:	Dates:
Organization:	Dates:
Organization:	Dates:

CURRENT EMPLOYMENT	
Employer:	Date Employed:
Address:	
Supervisor or Contact Person:	Phone#:
Position:	Hours worked per week:
Description of Work:	

PRIOR EMPLOYMENT	
<i>Please include all employment within the last 10 years</i>	
Employer:	Date Employed:
Address:	
Supervisor or Contact Person:	Phone#:
Position:	Hours worked per week:
Description of Work:	
Employer:	Date Employed:
Address:	
Supervisor or Contact Person:	Phone#:
Position:	Hours worked per week:
Description of Work:	
Employer:	Date Employed:
Address:	

Supervisor or Contact Person:	Phone#:		
Position:	Hours worked per week: <input type="checkbox"/> <input type="checkbox"/>		
Description of Work:			
EDUCATION			
HIGH SCHOOL – Name & Location (<i>city, state</i>)		Diploma:	Yes No
COLLEGE OR UNIVERSITY:			
Name	City	State	Type of Degree (BA, BA, MBA)
Chief Undergraduate Subjects		Chief Graduate Subjects	
Other courses or training related to this type of volunteer work (Please provide copies of any relevant valid certifications):		Date Completed	
Name & location of school	Subjects		

SKILLS, ACCOMPLISHMENTS, AWARDS, HOBBIES

Do you have a car available for use while volunteering? Yes No

Auto Insurance/Policy #: _____ Driver's License No. _____ Issuing State: _____

Do you have any driving violations? Yes No

Have you ever been convicted of any criminal acts? Yes No
Conviction will not necessarily disqualify an applicant from volunteering.

If yes, please explain: _____

PERSONAL REFERENCES	
Name:	Phone#:

Address:	Relationship:
Name: Address	Phone#: Relationship:
Name: Address:	Phone#: Relationship:
EMERGENCY CONTACTS	
Name: Address:	Phone#: Relationship:
Name: Address	Phone#: Relationship:

If you have a disability and require accommodations to perform your volunteer assignment, please indicate the needed accommodations: _____

A volunteer must be a minimum of 18 years old to qualify as a CLES Volunteer.

In signing this application, I have read all attached information and apply for membership with CLES. I agree to comply with the Bylaws, Rules and Regulations, Policies and SOP's of CLES which will be available for review upon approval of my membership.

I understand that CLES is an Exterior Fire Protection and Basic Life Support Agency and that my level of certification may exceed that of the agency and I will not perform beyond the agency levels.

I affirm that information that I have provided on this application is true and accurate to the best of my knowledge. Any misrepresentations or any deliberate omissions in my application or other submitted materials may be justification for refusal of membership or termination of membership.

I further understand that any offer of membership is contingent on passing a background check, and an acceptable driving record.

Applicant's Signature: _____ Date: _____

For Department Use:

Reviewed by: _____
Manager/Supervisor (Print Name)

Signature: _____
Manager/Supervisor

Start Date: _____

Date Processed: _____