



Volunteer Application

Applicant information

_____	_____	_____
(First Name)	(Last Name)	(Date)
_____	_____	
(Email)	(Phone)	

Are you at least 18 years of age? Yes No

Have you ever been convicted of a felony? Yes No

1) Tell Us about yourself:

2) Do you have any experience in any past or current volunteer/paid roles related to emergency management?

(Fire, EMS, EMA, Law enforcement?)

3) How did you find out about our agency?

4) Briefly describe why you are interested in volunteering with the LaSalle County
Emergency Management Agency.

Professional Certification/Licenses

Please List all relevant and current certifications and licenses that you possess related to emergency management.

Field Support Services (FSU), Ground Search and Rescue, and EMA other functions.

This unit provides a variety of services including ground search and rescue, traffic control, severe weather monitoring and other operations of the LaSalle County Emergency Management Agency. This unit is also responsible for supporting the functions of the county emergency operations center (EOC), including but not limited to messengers, loggers, use of county equipment, rumor control, DCO, volunteer management, communications, and other operations of the EOC. We may also be tasked with sheltering and assisting at other larger incidents based on the needs of the local incident management team.

Would you be willing to be trained in the above jobs? Yes No

Are you willing to do On-line training to meet FEMA Training Requirements?

Yes No

Review Training Requirements and Scheduled meeting and training times:

Ground Search and Rescue meeting and training is the 2nd Monday of every month at 7:00pm

Field Support Unit meeting and training is the 3rd Saturday of every month at 9:00 am

Must obtain thirty (30) volunteer points per year

I Do Hereby Authorize a review and verification of all records provided within said Volunteer Application to any duly authorized agent for the LaSalle County Emergency Management Agency.

The intent of this authorization is to extend my consent to full and complete disclosure of the records of professional certifications and licenses; medical or psychiatric treatment and/or consultation, including hospitals, clinics, and private practitioners, including background reports, any prior performance ratings, or various grievances filed by/or against my self or another person and any criminal or civil litigated matters that is either pending or has concluded.

I understand that as a volunteer of the LaSalle County Emergency Management Agency, my services are at will. I also understand that these services may be needed at anytime during the day or night seven days a week. Once I have accepted an offer to become a volunteer, I agree to follow all guidance as outlined in the Volunteer Emergency Management Teams of LaSalle County Policy and Procedure Manual

Signature

Date

Email Application to cflynn@lasallecounty.org
