



# LaSalle County Emergency Management Agency

## Volunteer Application

### Personal Information

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Primary Phone \_\_\_\_\_

\_\_\_\_\_

Secondary Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Are you at least 18 years of age? Yes No

Have you ever been convicted of a felony? Yes No

### Volunteer Position Desired

Please indicate which of the following volunteer team(s) you are interested in:

- Animal Response Team
- EMA Volunteer Team
- Ground Search and Rescue Team
- Radio Amateur Civil Emergency Services
- Skywarn

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

Briefly describe any past or current volunteer roles you have participated in.

## Professional Certifications/Licenses

Please list all relevant and current certifications and licenses that you possess. Include type of certification, state of issuance, registration number and expiration date, if any.

### References (Non-family members)

Name	Name	Name
_____	_____	_____
Address	Address	Address
_____	_____	_____
_____	_____	_____
Phone	Phone	Phone
_____	_____	_____
Relationship	Relationship	Relationship

### Emergency Contact

Name	Primary Phone
Address _____	Secondary Phone
_____	Relationship

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 (Illinois) 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, U.S. Veteran's Administration records, employment and pre-employment records, including background reports, any prior performance ratings or various grievances filed by/or against myself 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 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

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