

Marion County Sheriff's Office Division of Emergency Management Application for Volunteer Programs

Date of Application:								
Name:								
Firs	st .	Middle	Last					
Other Names You Have Used	I							
Community You Live In?								
Physical Address:								
City:	_	State:	Zip:					
Primary Phone:	Secondary Phone:							
Email address:								
Mailing Address (if different)	:							
Program Applying For:	☐ Community Emergency Response Team (CERT) ☐ Marion Emergency Radio Team (MERT)							
are you interested in serving on any of the following teams?		 □ Citizens Information Line Call Taker □ Disaster Sheltering Support Team □ Emergency Operations Center Support Team □ Point of Distribution (water, food, tarps, etc.) Team 						
If applying for MERT, please your HAM license:	list							
If applying for MERT, are you interested in the following?	Would you be willing to be stationed at a shelter with the possibility of an overnight or possible extended stay?			he possibility of an				
		☐ Would you be willing to be deployed outside of Marion County on a mutual aid assignment?						
Personal Information This information is used for the sole purpose of a background check. All applications remain in a locked file.								
Date of Birth:	accaror are sore pur	Race: Sex:						
Driver's License No.		State: Expiration Date:						



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Questionnaire Portion										
Questions										
1.)	Because of the nature of this work, we are required to do a background check on each person applying. Do you have any objections?									
2.)	Have you ever had a driver's license suspended, denied, or revoked? If yes, please explain on a separate page and attach to this application.									
3.)	3.) Have you ever been arrested, charged with, or convicted of a crime, excluding traffic citations? If yes, please explain on a separate page and attach to this application.									
4.) Have you ever been placed on court probation as an adult? If yes, please explain on a separate page and attach to this application.										
5.) Were you ever required to appear before juvenile court for an act, which would have been a crime if committed by an adult? If yes, please explain on a separate page and attach to this application.										
6.) Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?										
7.) Do you have any medical conditions, including special allergies or medical conditions, which would require special consideration during your training? If yes, please explain on a separate page and attach to this application.										
			Applicant's Statement		<u> </u>					
I certify that all information provided in this volunteer application is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteering and may result in my dismissal if discovered later.										
I authorize the investigation of any or all statements in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in deciding about my volunteering. I release such persons and organizations from any legal liability in making such statements.										
I have read, understand and by my signature consent to these statements.										
Signature of Volunteer Date										
Application Approval Emergency Management Staff Use Only										
Вас	kground Check Completed:	YES NO		Background Print Out Required: YES	NO					
Date Received:			Approved:	Denied:						
Denia	al Reasoning:									
	cessary, Date al Letter Sent:									
Revie Signa	ewer ature:			Date:						