



Marion County Emergency Management Application for Volunteer Programs

Date of Application: _____

Name:

_____ First _____ Middle _____ Last

Other Names you have used: _____

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)

If applying for CERT, are you interested in serving on any of the following teams?
 Citizens Information Line Team
 Disaster Sheltering Team
 EM and EOC Support Team
 Point of Distribution Team

If applying for MERT, please list your HAM license: _____

Personal Information		
<i>This information is used for the sole purpose of Background Checks</i>		
Date of Birth: _____	Race: _____	Sex: _____
Driver's license No. _____	State: _____	Expiration Date: _____



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Questionnaire Portion		
Questions	Yes	No
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?	<input type="checkbox"/>	<input type="checkbox"/>
2.) Have you ever had a driver's license suspended, denied or revoked? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
3.) Have you ever been arrested, charged with or convicted of a crime, excluding traffic citations? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
4.) Have you ever been placed on court probation as an adult? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>
6.) Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?	<input type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>

Applicant's Statement
<p>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 at a later date.</p> <p>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 making a decision about my volunteering. I release such persons and organizations from any legal liability in making such statements.</p> <p>I have read, understand and by my signature consent to these statements.</p>

Signature of Volunteer _____	Date _____
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Application Approval <i>Emergency Management Staff use only</i>		
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Date Received: _____	Approved: _____	Disapproved: _____
Reasoning _____		
Signature _____	Date _____	