

Volunteer Application

Personal Information

Name (Last, First, Middle Initial)	
Street Address	
City/State/Zip Code	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail Address	
Date of Birth	
Drivers License Number	
Drivers License State	
Drivers License Expiration	

Availability

During which hours are you available for volunteer assignments?

___ Weekday mornings
___ Weekday afternoons
___ Weekday evenings
___ Weekday overnight

___ Weekend mornings
___ Weekend afternoons
___ Weekend evenings
___ Weekend overnight

Interests

Tell us in which areas you are interested in volunteering

___ Search and Rescue
___ Storm Spotting
___ EOC Support
___ Field Response
___ Mobile Command Post Deployment
___ Office Support
___ Phone bank
___ Web Site Support/PIO
___ Volunteer coordination

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies. Please list any NIMS classes you have completed.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name	
Street Address	
City/State/Zip Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed) (First ,Middle Initial,Last)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Return Completed application to:
Champaign County EMA
102 E Main St., 4th Floor
Urbana, IL 61802

or email
SearchAndRescueInfo@co.champaign.il.us