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## Marshall County Emergency Management Volunteer Application

Marshall County Emergency Management considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

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**Personal Information** *(Please print or type)*

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State ZIP

Phone Number (\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_

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

Are you 18 years of age or older?  Yes  No If no, please list birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you currently have a valid driver's license?  Yes  No

Issuing state \_\_\_\_\_ License Number \_\_\_\_\_ Commercial DL?  Yes  No

Have you ever been convicted of a felony? \*\*  Yes  No

*\*\* A conviction does not automatically eliminate you from volunteering, as the nature of the crime will be considered.*

Describe your availability? Day time, night time, weekends, holidays?

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Please describe the skills that you bring and what benefits we would gain by you volunteering?

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List any specific functions, jobs or tasks that you would like to perform?

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I certify that the statements made by me in this application are true, complete and correct and made in good faith. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any misrepresentation, deception, or false statement made in this Application may result in my not being considered for being a volunteer, and if not discovered by Marshall County Emergency Management until after my becoming a volunteer, is grounds for, and may result in, my immediate termination.

I understand that the above information is voluntarily supplied and maybe used and disclosed for Marshall County Emergency Management purposes only and as a volunteer I will not be paid for my services. I understand I may be reimbursed for expenses, depending on the work situation.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Affirmative Action – Equal Opportunity Employer**