

NAME

SSN#

Last

First

Middle

**Sedgwick County Department of
Emergency Management**

Volunteer Application



Area of Interest:

- Communications
- Weather
- Firefighting
- Search and Rescue
- Operations Support
- Other

This application does not constitute an employment contract.

General Information

Name		Date of Application	
Sex		Date of Birth	
SSN			
Driver's License Number		DL State Issued	
DL Class		DL Exp. Date	
Height	Weight	Hair Color	Eye Color
Home Address			
City	State	Zip	
Home Phone		Availability	
Business Phone		Availability	

Names Used

Have you used any other names? Yes No

If yes, list any other names you have used and indicate the dates and reason why.

Name	Date used	Reason

Availability

What days and times are you available?

Days	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Hours							

Do you currently volunteer with any other civic or emergency organization? Yes No

If yes, with whom? _____

Residence

Beginning with your current residence, list the address where you have lived during the past five years.

Dates MM/YY	Address	City	County	State
To				
To				
To				
To				
To				
To				
To				

Health

Answering “No” will not disqualify you from volunteering, this will only be used as a guide to help determine the way that you may best serve.

Are you able to perform strenuous physical labor such as filling sandbags? Yes No

Are you able to perform strenuous physical labor such as firefighting? Yes No

Are you able to perform activities in elevated positions or on ladders? Yes No

Are you able to perform strenuous physical labor such as lifting or carrying heavy objects? Yes No

Education

	School and Location	Month / Year Attended		Describe Course of Study or;	Year of Degree
		From	To	Type of Degree	
High School					
College					
College					
Military Or Technical					

If you did not complete high school, do you have a high school equivalency certificate?
 Yes No Date received:

What are your educational goals?

Military

Have you ever been or are you currently a member of the United States Armed Forces?

Yes No

If yes, complete the following:

Branch of Service	
Last / Current Unit	
Last / Current Commanding Officer	
Last / Current Unit Mailing Address	
Entry Date	
Separation Date	
Type of Discharge	
Highest Rank Attained	

Description of duties:

Specialized Training:

Special Skills

Attach any certificates and/or supporting documentation, if available.

List any language that you speak, include sign language.
List any medical training.
List any communications training.
List any law enforcement training.
List any firefighting training.
List any other special skills or abilities.

Work Experience

List your last three employers or source of experience, starting with the most current.

Name and complete mailing address of employer.	Dates Employed (give month and year)
	Your immediate supervisor and phone number
Work performed	
Reason for leaving	
May we contact this employer concerning your employment history? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name and complete mailing address of employer.	Dates Employed (give month and year)
	Your immediate supervisor and phone number
Work performed	
Reason for leaving	
May we contact this employer concerning your employment history? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name and complete mailing address of employer.	Dates Employed (give month and year)
	Your immediate supervisor and phone number
Work performed	
Reason for leaving	
May we contact this employer concerning your employment history? <input type="checkbox"/> Yes <input type="checkbox"/> No	

References

List four references. Include two people who have worked with you and two people who have known you for at least ten years and can attest to your character. Do not include anyone who you are currently living with or who is related to you.

Name		Years Known	
Address			
City	State		Zip
Occupation			
Telephone Home		Telephone Work	

Name		Years Known	
Address			
City	State		Zip
Occupation			
Telephone Home		Telephone Work	

Name		Years Known	
Address			
City	State		Zip
Occupation			
Telephone Home		Telephone Work	

Name		Years Known	
Address			
City	State		Zip
Occupation			
Telephone Home		Telephone Work	

Traffic Citations

In the past three years, have you received a traffic citation? Yes No

Date of Citation	City / State or Agency	Violation

Traffic Accidents

In the past three years, have you been involved in a traffic accident? Yes No

Date	City / State or Agency

Convictions

Answer the following Question	Yes	No
Have you ever been convicted, been placed on diversion or do you have any expunged convictions, for any crime?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to this question, explain when and where this occurred and under what circumstances.

About You

If the local media conducted a “background” check in order to discredit your candidacy for this position, what would they find? Our experience has been that most problems with media, past employers, etc. can be adequately explained to the governing body, but if unknown at the time of selection, and later found out, it may create problems. Please explain potentially negative things in your background.

Why are you interested in becoming a Sedgwick County Emergency Management Volunteer?

Certification and Authorization

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I understand that should investigation disclose material misrepresentation or falsification, my application will be disqualified, or my volunteer status and all rights and privileges of my volunteer status may be immediately terminated. Further, I certify that I am 18 years of age or older and a citizen of the United States of America, and I shall provide evidence of my age and citizenship if requested.

I authorize the Sedgwick County Department of Emergency Management or its duly appointed agent, to conduct any investigations necessary to verify the information provided herein, and to conduct any other job related investigations or inquiries necessary to determine my fitness for the position of Sedgwick County Emergency Management Volunteer. I understand said investigation may cover the following:

- Educational background
- Neighborhood reputation
- Military service
- References
- Employment history

I understand that this application does not constitute an employment contract.

I understand that it is my responsibility to notify the Sedgwick County Department of Emergency Management of any change in my mailing address or telephone number and that such notification shall be in writing and include my signature and Social Security Number.

I understand that if I am offered volunteer status, I may be required to undergo complete a physical examination.

Full Name – typed or printed

Signature of Applicant

Social Security Number

Date of signature

Drivers License Number & State

Witness

**Sedgwick County, Kansas
Department of
Emergency Management**

Authorization to Release Information

To Whom it may Concern;

I hereby authorize the Sedgwick County Department of Emergency Management or its duly appointed agent bearing this document, or copy thereof, to obtain any information or records pertaining to my employment, military, or educational history of which you may be the custodian. Further, I direct you, as custodian of such records or information, to release such information upon request of the bearer this document. I release you, as custodian of such information or records, and any employer, educational institution, and/or other institution, agency, business establishment, or organization including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which at any time, may result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

This release is executed with full knowledge and understanding that the information is for the official use of the Sedgwick County Department of Emergency Management. Consent is granted to the Sedgwick County Department of Emergency Management to release such information, as described, to third parties in the course of fulfilling its official responsibilities.

Should there be any question as to the validity of this release, you may contact me as indicated below.

This authority shall remain in full force and effect until such time as it revoked by me in writing.

A photocopy of this release shall be as valid as the original.

Full Name – typed or printed

Full Name - Signature

Signature of Witness

Date of Signature

Contact Information

Your Name		
Present address		
City	State	Zip
Home Phone Number		Work Phone Number

**Sedgwick County, Kansas
Department of
Emergency Management**

**Authorization
For Release of Military Records**

I authorize the National Personnel Records Center or other custodian of military records to release to the Sedgwick County, Kansas Department of Emergency Management the following information and/or photocopies of my military personnel records.

1. An undeleted DD Form 214, which includes reenlistment code.
2. The type and reason for release or discharge.
3. Any derogatory or disciplinary information contained in my files.

Printed Name	
Service Number	Date of Birth
Branch	Dates of Service
Rank at Discharge	

A photocopy of this authorization shall be as valid as the original.

Signature	Date
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