



Volunteer Application Packet

Volunteer Application

Return completed application to:
Douglas County Emergency Management
111 East Eleventh Street
Lawrence, KS 66044
Phone (785)832-5259 Fax (785)832-5101
tsmith@douglas-county.com

Name (Last, First, M.I.) _____

Address, City, State, Zip _____

How long have you lived in Douglas County? _____

Have you lived in any other states besides Kansas? If so, which ones? _____

Home Phone _____ Work Phone _____

Cell Phone _____ Pager _____

E-mail Address _____

Do you have immediate availability to the internet?

Yes No

In case of an emergency, please contact:

NAME _____

ADDRESS: _____
Street City Zip

Home Phone Work Phone Relationship

Employment History

Current employment status:

- Employed
- Not Employed
- Retired
- Student

If employed, name and address of employer:

Name of employer _____

Address of employer _____

Length of time at employment _____

Character References

Please list two character references (**DO NOT INCLUDE RELATIVES**):

1. Name: _____

Address: _____

Phone: _____

Relationship: _____

2. Name: _____

Address: _____

Phone: _____

Relationship: _____

Education

(Circle last year completed)

6 7 8 9 10 11 12 or GED

College: 1 2 3 4

Graduate: 1 2 3 4

Name of High School Attended _____

Name of College Attended _____

Degrees or Special Courses of Training _____

Foreign Languages (speak, read, write) Please specify _____

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.

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

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

Volunteerism:

Areas of Interest:

- Auxiliary Communications Team

- Storm Spotter

- CERT

Briefly state your reasons for wanting to volunteer with the Douglas County Emergency Management Office. _____

Special Skills

Attach any certificates and/or supporting documents, if available

1. List any languages that you speak, include sign language _____
2. List any medical training _____
3. List any communication training _____
4. List any firefighting training _____
5. List any other special skills or abilities _____

When are you available for Volunteer Work?

Number of hours per week _____ Days available _____ Time of day _____

About You

Our experience has been that most problems with the past, can be adequately explained to Douglas County Emergency Management, but if unknown at the time of selection, and later found out, it may create a problem. Please explain potentially negative things in your background.

I certify that the above information contained in this application is complete and true to the best of my knowledge. I understand that there may be specific qualifications for some volunteer positions and that it may be determined that I do not satisfactorily meet those qualifications. I understand that references will be contacted. Further, I certify that I am 18 years of age or older and a citizen of the United States of America. I understand that Douglas County Emergency Management is not obligated to assign me if, in Douglas County's professional judgment, it would not be in my best interest or the best interest of OEM. Once accepted as a volunteer, I realize I may be released from my volunteer position at any time.

I authorize Douglas County Emergency Management 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 Douglas County Emergency Management Volunteer. I understand said investigation may cover the following:

- Educational background
- Neighborhood reputation
- References
- Employment history

I understand that if I am offered volunteer status, I will be required to undergo a drug screen test.

Full name – typed or printed

Applicant's Signature

Date of Signature