

**MACON COUNTY EMA
VOLUNTEER APPLICATION**

Date of application: _____ Date of birth: _____

Name: _____

Address: _____

City & State: _____ Zip: _____

Phone: Home: _____ Work: _____

Email address: _____

Employer: _____

Employer's address: _____

Age: _____ Height: _____ Weight: _____

Driver's License#: _____

IN WHICH PROGRAMS ARE YOU WILLING TO PARTICIPATE:

- | | | |
|-------------------------------------|-------------------------------------|--|
| _____ Storm Spotting | _____ Emergency
Communications | _____ Ground Search & Rescue |
| _____ Shelter Management | _____ Damage Assessment | _____ Underwater Search & Rescue |
| _____ First Aid & CPR | _____ Disaster Planning | _____ Emergency Welfare Services |
| _____ Public Information
Officer | _____ Community Shelter
Planning | _____ Transportation for
Emergency Activities |
| _____ Radiological Defense | _____ Resource Management | _____ Facilities Protection |

CHARACTER REFERENCES

Name	Address	Zip	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Have you any of the following which you would be willing to loan or use in a disaster?

- | | | | |
|--|------------------------------------|---|---|
| <input type="checkbox"/> Snowmobile | <input type="checkbox"/> Chain Saw | <input type="checkbox"/> Portable Generator | <input type="checkbox"/> Portable radio |
| | | <input type="checkbox"/> Watts | <input type="checkbox"/> Frequency |
| <input type="checkbox"/> 4-wheel drive | <input type="checkbox"/> Tent | <input type="checkbox"/> Farm Tractor | <input type="checkbox"/> Chains |
| <input type="checkbox"/> Screen House | <input type="checkbox"/> Rope | <input type="checkbox"/> Utility Trailer | |

MARK ALL STATEMENTS BELOW which are TRUE of your past or present medical history.
I have a history of:

- | | |
|---|--|
| <input type="checkbox"/> Respiratory problems | <input type="checkbox"/> Recent operation or illness |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sinus problems |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Ear infections |
| <input type="checkbox"/> Severe or frequent headaches | <input type="checkbox"/> Dizziness or fainting |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Claustrophobia |
| <input type="checkbox"/> Drug use | <input type="checkbox"/> Emotional problems or nervousness |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Peptic ulcers |
| <input type="checkbox"/> None of the above. | |

List any allergies: _____

Blood type: _____

Have you ever been refused a life, automobile, health or other insurance policy? _____

Have you ever been refused bond? _____ If you answered yes to either question, write the details: _____

ARREST AND MILITARY DISCIPLINARY RECORD:

Have you ever been detained for investigation or arrested by a police department or other law enforcement agency?_____Have you ever received a traffic citation?_____

Were you ever disciplined while in military service?_____ If the answer to any of the above

questions is YES, list the details below. Write a detailed narrative account of each incident listed above, beginning with the most recent one._____

Do you advocate, are you a member of, or have you ever been a member of any party or organization, political or otherwise that now advocates the overthrow of the Government of the United States or of the State of Illinois by force or violence or other unlawful means?

Yes_____

No_____

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any authorized representative of the County of Macon bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment or educational records, including but not limited to, academic, achievement, attendance, athletic, personal history, disciplinary records, and medical records.

I hereby direct you to release such information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the County of Macon. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital or other repository of medical records establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associated because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release you may contact me as indicated below.

Full Name: _____
(Signature)

Full Name _____
(Typed or printed name)

Date: _____

Current address: _____

Phone number: _____

Witness: _____

BEFORE SIGNING APPLICATION, CHECK FOR ERRORS AND OMISSIONS

I hereby certify that this application contains no willful misrepresentation or falsification, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected, my name will be removed from the register, or, if employed, I may be dismissed from the service, and I may be disqualified from applying in the future for any position under the jurisdiction of the Macon County EMA.

(Signature)

(Date)

Macon County Emergency Management Agency does not discriminate on the basis of race, color, sex, national origin, age or handicap in admission to, or treatment or employment in, programs or activities in compliance with the Illinois Human Rights Act, Section 504 of the Rehabilitation Act of 1973 as amended, and the U.S. Constitution. The Equal Employment Officer is responsible for compliance and may be reached at (217) 424-1470.