



**Osage County
Community Emergency Response Team (CERT)**

VOLUNTEER APPLICATION

PLEASE PRINT – FULLY ANSWER ALL QUESTIONS – USE INK ONLY - THIS IS A FILLABLE FORM

PERSONAL INFORMATION

Last Name		First Name		Middle	Social Security Number		Date of Birth
Physical Address			Mailing Address		City		State Zip Code
Home Telephone	Business Telephone		Cellular Phone		Email Address		
To aid in our verification, please list any other name(s) by which you have been known:							
Give Addresses for last 5 years if different from current address:							
1.		2.			3.		
Have you ever lived in another state other than Missouri? If so, please list each state, city, and date of residency:							<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid Missouri State Driver's License? Driver's License Number:							<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been arrested? If so, please list each Location, Charge, and Deposition:							<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any Traffic Citations you have received within the past 3 years. Show each Location, Charge, and Deposition:							
Please list any Traffic Accidents you have been involved in within the past 3 years. Show each Location, Charge, and Deposition:							

Have you ever been convicted of a Felony? If so, please list each Date, Location, and Charge:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever served a jail sentence? If so, please list each Date, Location, and Charge:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your Driver's License ever been Suspended or Revoked for Any Reason? If so, please list each Date, Location, and Charge:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe your physical health:		
Do you Currently have certification in First Aid, CPR, First Responder, or Emergency Medical Technician? List any First Aid training you have received:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed? Where?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a citizen of the U.S. or are you otherwise legally eligible for employment in the U.S.? <small>(Anyone offered employment is required to provide proper identification and documentation of eligibility for employment in the U.S.)</small>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied for a Concealed Weapons permit in Washington State? Have you ever had a Concealed Weapons permit Rejected or Revoked? If so, please Explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Did you Graduate High School? Where?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, do you have a GED? Please state Location and Date:		<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your Highest Level of Education?	<input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree	
Did you serve in the Military? If yes, what Branch of service: Dates of Active Duty: Type of Discharge:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any Colleges/Universities you have attended (including dates and locations):		
Please list any Technical Schools you have attended, including date and location:		
Have you ever had any type of Law Enforcement application Rejected or have you ever been dismissed from any Law Enforcement position, either full-time or reserve?		<input type="checkbox"/> Yes <input type="checkbox"/> No

EXPERIENCE

Beginning with your present or most recent paid or volunteer position, list your last three employers, including military service. These employers may be contacted for reference purposes.		
1. Name of Organization	Complete Address	Telephone Number
Title		Supervisor's Name
Date of Employment From: _____ To: _____		
Reason for Leaving:		If still employed, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Name of Organization	Complete Address	Telephone Number
Title		Supervisor's Name
Date of Employment From: _____ To: _____		
Reason for Leaving:		
3. Name of Organization	Complete Address	Telephone Number
Title		Supervisor's Name
Date of Employment From: _____ To: _____		
Reason for Leaving:		

PERSONAL SKILLS

<p>List any foreign languages you speak or comprehend:</p> <p>_____ Skill level? <u>Speak</u>: Fluent [] Good [] Fair [] <u>Write</u>: Fluent [] Good [] Fair [] <u>Comprehend</u>: Fluent [] Good [] Fair []</p> <p>List any other skills, abilities or experience you possess that you believe may be relevant to this position (include special equipment): Experience level, how long, other information.</p> <p>Skill Type:</p> <p>Skill Type:</p> <p>Skill Type:</p> <p>Skill Type:</p> <p>Skill Type:</p>
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VOLUNTEER PREFERENCES

Is there a particular type of volunteer work in which you are interested? *Communications, HAM, Search and Rescue, drone operator, shelter management, water rescue, emergency operations center, etc.*

Availability:

What days are you available? Mon. Tues. Wed. Thur. Fri. Sat.

What times are you available? Mornings Afternoons Evenings

How many hours per week can you volunteer? _____

Do you have a vehicle that you can use for volunteer work? Yes No

PERSONAL REFERENCES

List three persons who know your qualifications and professional experience. Do not list relatives or supervisors mentioned under "Experience" section. These references will be checked.

1.	Last Name	First Name	Middle Initial	Occupation
Business or Home Address				Telephone Number
2.	Last Name	First Name	Middle Initial	Occupation
Business or Home Address				Telephone Number
3.	Last Name	First Name	Middle Initial	Occupation
Business or Home Address				Telephone Number

PHOTOGRAPH IDENTIFICATION

Please submit an official federal or state photograph identification card with this application. Examples of such identification are driver's license, state identification card, passport, and military identification. Examination of the original document is required prior to any offer of employment.

RANDOM DRUG TESTING MAY APPLY

Employees holding jobs that are Safety Sensitive Positions (i.e., positions requiring a Commercial Driver's License) are required, under federal law, to participate in random drug and alcohol testing programs. Osage County strongly supports maintaining a Drug Free Workplace.

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

As an equal opportunity employer, Osage County does not discriminate based on race, color, national origin, sex, religion, age, mental or physical disability, marital status, prior military service, political affiliation, or any other legally protected status.

CERTIFICATION, AUTHORIZATION AND AGREEMENT

I hereby certify that all statements made in this application statement are complete and true, to the best of my knowledge. I understand and agree that any false or misleading statement shall be considered sufficient cause for employment disqualification or discharge from employment.

I authorize my current and former employer(s), unless otherwise indicated, to provide the Osage County Emergency Management Agency with all available information regarding my current and former employment. I hereby release my

current and former employer(s), the educational institutions I have attended, and the references I have listed.

I authorize the Osage County Emergency Management Agency to investigate and review all driving record information and criminal history.

VOLUNTEER CODE OF CONDUCT

- a. As a volunteer I will perform only those assigned tasks that are within my physical capability.
- b. I will ensure that I am properly trained and signed off on any vehicle, equipment, or tools before using them and operate them in a proper and safe manner at all times.
- c. I will strictly observe all safety rules and use care in the performance of my assigned tasks.
- d. I will treat everyone with respect, patience, integrity, courtesy, and dignity.
- e. While volunteering I will not use profanity, or make humiliating, ridiculing, threatening, or degrading statements.
- f. As a volunteer I agree to be subject to the policies, procedures, and guidelines of the agency.
- g. Skill Type:

ACKNOWLEDGMENT AND WAIVERS

I give Osage County Emergency Management permission to conduct a background check which may include a review of sex offender registries, criminal history records, and law enforcement records. I also give permission to inquire into my educational background, references, licenses, and employment and/or volunteer history and give permission to the holder of any such information to release it to the Osage County Emergency Management Agency. I understand that all volunteer positions are conditioned upon favorable background information as determined by the Osage County Emergency Management Agency.

I understand that this is a volunteer position and that I am not obligated to accept the volunteer position offered. The agency reserves the right to terminate my volunteer status at any time.

I hold Osage County Emergency Management Agency, any individuals or organizations that provides information to the agency harmless of any liability, criminal or civil that may arise because of the release of this information about me.

I verify by my signature below that the above information is accurate to the best of my knowledge, and I have read each of the above items and agree to be bound by them.

Volunteer Applicant Signature

Date

If the volunteer applicant is under the age of eighteen, a parent or guardian must also review these items and sign below.

I, _____, am the parent or legal guardian of _____ and I agree to allow him/her to be bound by the conditions represented above.

Parent/Guardian Signature

Date

City Use Only

This Volunteer will be supervised by: _____ **Department** _____

Approved by: _____ **Department:** _____ **Date:** _____

Director

HR Director, or Designee

Background Completed - Initials _____

Reference Check Completed - Initials _____