JENNINGS COUNTY EMA VOLUNTEER FORM

Matt Alexander, EMA Director
925 South State Street
North Vernon, IN 47265
Phone: 812.346.1691
Email: malexander@jenningscounty911.org
Website: www.JenningsCounty-in.gov/ema

Name: _____

Address: _____

_____

Phone:
(Home) _____ (Work) _____

Emergency Contact: _____ Phone: _____

I. Skills and Interests

Education: Degree _____ Institution: _____ Dates Attended: _____

License(s) held: _____ Language(s) spoken fluently: _____

Hobbies, skills & interests: _____

Occupation: _____ Employer: _____

Address: _____ Phone: _____

II. Experience (paid and volunteer, beginning with the most recent)

Position	Organization	Dates

If more space is needed, please list on the reverse side of this form.

III. Volunteer Preferences (check all that apply)

☐ EMA/DHS ☐ Citizen Corps ☐ CERT ☐ Other: _____

Availability: After checking the day, fill in the hours you would be available for that day.

☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday	☐ Saturday	☐ Sunday
to	to	to	to	to	to	to

Do you have access to a vehicle or computer that you can use for volunteer work?

Vehicle		Computer	
☐ Yes	☐ No	☐ Yes	☐ No

Email address: _____

IV. References

Provide names and contact information for three people (not relatives) who know you well and can attest to your character.

_____

_____

_____

V. Verification and Consent for Reference and Background Check

I verify that the above information is accurate to the best of my knowledge. I give Jennings County EMA permission to inquire into my educational and/or volunteer history. I also give permission to the holder of any such information to release it to the Jennings County EMA. I hold the Jennings County EMA harmless of any liability, criminal or civil, that may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to the above-named agency. I understand that the Jennings County EMA will use this information only as part of its verification of my volunteer application.

_____ _____
Name (please print) Social Security Number

_____ _____
Signature Date Witness Date