**General Information**

Last Name

First Name

Middle Name

Date Applied

dated

Date Up

Home Address

City

State

Zip Code

Home Phone

(

)

Cell Phone

(

)

Cell Phone Type

Cell Phone Carrier

Email Address

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Desired Volunteer L

☐

Basic Volunteer

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Responder

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Why do you want to join the Newton County Emergency Management Agency? | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | |  | | | **Emergency Contact Information** | | | | | | | | | | | | | | |
| Last Name | |  | | | First Name | | |  | | | | | | Relationship | | |  | | |
| Contact Pho | | ne | Home ( ) | |  | | | | | | | Cell ( ) | | | | | | | |
|  | | | | **Employer Information** | | | | | | | | | | |  |  | | | | |
| Current Employer | | | |  | | | | | | | | | | |  |  | | | | |
| Employer’s Address | | | |  | | | City | |  | | | | | | State |  | | Zip code |  | |
| Occupation | | | |  | | | | | | | | | | |  |  | | | | |
|  | | | | | | **Training** | | | | | | | | | | | | | | |
| PSID # |  | | | | |  | | | | | SID# | |  | | | | | | | |
| ☐ **ICS – 100**: Introduction to ICS | | | | | | ☐ **IS – 800 – B**: National Response Framework (NRF) an Introduction | | | | | | | | | | | | | | |
| ☐ **IS – 200**: Basic | | | | | | ☐ **ICS – 300**: Intermediate ICS | | | | | | | | | | | | | | |
| ☐ **IS – 700 A**: NIMS, Introduction | | | | | | ☐ **ICS – 400**: Advanced ICS | | | | | | | | | | | | | | |
| **Addit** | | | | | | **ional Specialty Training or Skills** | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | |
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| --- | --- | --- | --- |
| **List three References (not related to you)** | | | |
| Name |  | Phone |  |
| Name |  | Phone |  |
| Name |  | Phone |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Specialty Areas of Interest** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Indicate your order of interest in the below specialty areas. (1=very interested,2= interested, 3= somewhat, 4= not interested)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Communications:**  Radio communications, cellular communications, electronic communications and internet access. | | | | | | | | | | | | | | | | | | | | | | ☐ 1, ☐ 2, ☐ 3, ☐ 4 | | | | | |
| **Equipment Reliability:**  General equipment preventative maintenance, equipment cycling, equipment repairs and equipment replacement. | | | | | | | | | | | | | | | | | | | | | | ☐ 1, ☐ 2, ☐ 3, ☐ 4 | | | | | |
| **Weather Warning Systems:**  Preventative maintenance, equipment cycling, equipment repairs and equipment replacement relative to the County’s weather siren system. | | | | | | | | | | | | | | | | | | | | | | ☐ 1, ☐ 2, ☐ 3, ☐ 4 | | | | | |
| **Public Outreach:**  Educating the public about EMA functions, public information messages, fundraising and general events. | | | | | | | | | | | | | | | | | | | | | | ☐ 1, ☐ 2, ☐ 3, ☐ 4 | | | | | |
| **S.A.R/ CERT:**  The purpose of CERT is to provide citizens with the basic skills required to physically, mentally and emotionally handle their needs and have the training and basic skills to assist and respond to their community's needs during and in the aftermath of a disaster. | | | | | | | | | | | | | | | | | | | | | | ☐ 1, ☐ 2, ☐ 3, ☐ 4 | | | | | |
| **Traffic Control/ Crime Watch:**  Assist local Police and Sheriff with patrols and assist with traffic control. | | | | | | | | | | | | | | | | | | | | | | ☐ 1, ☐ 2, ☐ 3, ☐ 4 | | | | | |
|  | **Information Used to Fit Uniforms** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shirt Size |  |  | | | | | Coat Size | | |  | | | | | | Sweater Size | | | |  | | | | | | | |
| Pant Size |  | | | | | | Waist | | |  | | | | Inseam | |  | | | | | | |  | | |  | |
| **Information Used for Background Check** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | | | |  | | | | | Gender | | |  | | | | | | Race | | | | | |  | | | |
| Height | | |  | | | Weight | |  | | | | Eye Color | | |  | | | | Hair Color | | | | | |  | | |
| Driver’s License # | | | | |  | | | | | | State Issued | | | |  | | | | | | Expiration Date | | | | | |  |
| Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, explain in the space provided below | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | |  | | | | | | | | | | Date | | | |  | | | | | | | | | | |
| ***I am aware of, and give consent to, a criminal background check for membership into the Newton County Emergency Management Agency.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |