



Wabash County Emergency Management Agency MEMBERSHIP APPLICATION



Personal Information

Name:

Date of birth:

Illinois driver's license number:

Class:

Current address:

City:

State:

ZIP code:

Home phone:

Cell phone:

Email address:

Are you a U. S. citizen?

YES

NO

Are you 18 years or older?

YES

NO

Desired Position in the WEMA Volunteer Corps (select one or more)

Training Officer

Search and Rescue Team

Weather Spotter

Shelter Coordinator

Ham Radio Operator (RACES/ARES)

Damage Assessment Team

Water Rescue Team

Driver

EOC Operations Specialist

Other

Education

Level	Name of School	Did you graduate?	Date(s)
High School			
College			

Current Employment Information

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle one)

Annual income:

Former Employers

Name of former employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary *(Please circle one)*

Annual income:

Name of former employer:

Employer address:

Employer address:

Phone:

Phone:

Phone:

City:

City:

City:

Position:

Position:

Position:

Has an employer ever terminated your employment? YES NO

If you answered "yes," please explain the circumstances:

References

Name

Address

Phone

Prior Military Service

Branch of Service

Rank

Discharge Date

_____ Date

_____ Signature

Authorization and Signature

Wabash County reserves the right to confer with persons listed by the applicant as references, or with any other individuals with knowledge concerning your qualifications. The County will not inquire into the applicant's financial status, religious affiliation, marital status, or on other matters unrelated to the applicant's qualifications. Wabash County will use the information received from these inquiries solely for determining the applicant's eligibility to become a volunteer for the Wabash County Emergency Management Agency (WEMA). Wabash County will not share this information with anyone other than representatives of the County involved in the selection process.

I hereby consent to having representatives of WEMA contact anyone they deem appropriate to investigate or verify any information I provided on this application or to discuss my background, past performance, or suitability to perform volunteer work for WEMA. I further consent to being discussed by any person so contacted and I waive all rights to bring any action for defamation, invasion of privacy, or any similar cause against anyone contacted as a result of what he or she may say about me.

Signature of applicant:

Date:

Background Information

WEMA seeks volunteers who are and will continue to be role models of good citizenship. In addition, WEMA is committed to [providing a safe work environment for all our volunteers. Therefore, we must obtain information on an applicant's record of criminal convictions. Wabash County cannot ask, nor are you required to disclose, information about expunged criminal records of arrest and conviction. Excluding traffic violations such as speeding, state whether or not you have ever been convicted of a crime: YES NO

If you answered yes, please specify below:

Type of Offense	Date	County & State

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if accepted as a volunteer for WEMA, falsified statements on this application could be grounds for dismissal. I authorize investigation of all the statements contained herein and the references and employers listed above to give Wabash County any and all information concerning any pertinent information, personal or otherwise, they may have and I release the County from all liability for any damage that may result from the use of such information.

_____ Date

_____ Signature