

Kosciusko 9-1-1 Emergency Operation Center

221 W. Main St. Warsaw, IN 46580 * 574-267-5667

VOLUNTEER APPLICATION

Last Name		First Name		Middle Name	
Home Address			City	State	ZIP Code
Business Address			City	State	ZIP Code
Home Phone	Business Phone		Mobile Number		E-Mail Address

Experience: (Include both paid and volunteer work experience, begin with most recent)

Organization Name		Address		Phone	
From	To	Supervisor's Name/Title			
Organization Name		Address		Phone	
From	To	Supervisor's Name/Title			
Organization Name		Address		Phone	
From	To	Supervisor's Name/Title			

Current License(s):

Type	Number	State	Expiration Date
Type	Number	State	Expiration Date

Education and Training: (begin with most recent)

Institution Name	City/State	Degree/Major	Date Attended

Fluent Language Skills: (include sign language)

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Volunteer Information:

Assist the 9-1-1 Center in answering Non-Emergency Calls and Resource Allocation during times of local emergency.

Availability: Circle the day and time of day you are available

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening

Are you available for short-term projects?	Yes	No
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Emergency Contact Information:

Name	Relationship	Address	Phone
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Previous Emergency Experience:

Have you ever worked as an emergency volunteer?	Yes	No
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A "yes" answer to the following italicized questions will not necessarily disqualify any applicant.

Are you licensed to operate a motor vehicle in this state?	Yes	No
Have you ever been bonded?	Yes	No
<i>Have you ever been convicted of a felony or, within the past 24 months, of a misdemeanor that resulted in imprisonment? If yes, please explain.</i>	Yes	No

VOLUNTEER CONSENT FOR REFERENCE AND BACKGROUND CHECKS

I do hereby give the Kosciusko County 9-1-1 Center permission to inquire into my educational background, references, driving record, police records, employment and/or volunteer history. I further give permission to the holder of any such records to release the same to the Kosciusko County 9-1-1 Center.

I do hereby hold the Kosciusko County 9-1-1 Center harmless of any liability, whether civil or criminal, that may arise as a result of the release of this information about me. I further hold harmless any individual, agency, business, or corporation that provides information of documents to the above-named agency. I understand that the Kosciusko County 9-1-1 Center will use this information as part of its verification of my volunteer application and periodically for evaluation purposes.

Name - Please Print

Social Security Number

Signature

Date

Witness

Date