

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						
Afternoon						
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