



**WILL COUNTY
EMERGENCY MANAGEMENT AGENCY**

302 N. Chicago Street
Joliet, Illinois 60432

APPLICATION FOR VOLUNTEER MEMBERSHIP

Thank you for your interest in volunteering for the Will County Emergency Management Agency (WCEMA). Please fill out the information requested in this application as completely and accurately as possible. Non-typewritten applications must be printed legibly in blue or black ink. Please submit your completed application to the WCEMA Office at the address listed above.

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Home Address _____

City _____ State _____ Zip Code _____

Mailing Address (if different than home) _____

Home Telephone (_____) _____ Work Telephone (_____) _____

Cell Telephone (_____) _____ E-mail Address _____

Date of Birth ____/____/____ Gender: ___ Male ___ Female U.S. Citizen*: ___ Yes ___ No

Driver's License Number _____ - _____ - _____ Classification _____ Expiration Date ____/____/____

Social Security Number _____ - _____ - _____

Marital Status _____ Name of Spouse _____

Emergency Contact _____ Relationship _____

Home Telephone (_____) _____ Work Telephone (_____) _____

Have you ever been arrested?

___ Yes ___ No If yes, please explain:

Have you ever been convicted?

___ Yes ___ No If yes, please explain:

**If you are not a U.S. Citizen, official documentation of your legal residency and eligibility for employment in the United States is required. Please attach a copy of naturalization, resident alien, or other pertinent INS paperwork to your completed application.*

VEHICLE INFORMATION (Please complete the following section for all vehicles that you currently own)

1. Make _____ Model _____ Color _____ Year _____

License Plate Number _____ State of Registration _____

2. Make _____ Model _____ Color _____ Year _____

License Plate Number _____ State of Registration _____

Have you, as the driver, been in an accident in the past three years? ___ Yes ___ No

If yes, please explain:

MILITARY SERVICE *(Please complete the following section only if it applies to you)*

Branch _____ (circle one) Active Reserve Guard From _____ To _____

Highest Rank/Rate _____ MOS _____ Type of Discharge _____

Are you presently a member of a Reserve or National Guard unit? ___ Yes ___ No

FORMAL EDUCATION

High School Name _____ City and State _____

Did you graduate? ___ Yes ___ No If yes, year of graduation _____

College _____ City and State _____

Degree earned _____ Major _____ Year _____

College _____ City and State _____

Degree earned _____ Major _____ Year _____

Vocational / Technical School _____ City and State _____

Program of Study _____

SPECIALIZED TRAINING / CERTIFICATIONS

Have you applied to or been a member of this agency or any other Emergency Management agency before? ___ Yes ___ No

If yes, please list which agency/s and the dates of service:

Are you now or have you ever been a member of a Fire Department? ___ Yes ___ No

If yes, please provide name of Fire Department _____

If you have previously served on a Fire Department, what level of training did you attain?

Are you now or have you ever been a Law Enforcement Officer? ___ Yes ___ No

If yes, please provide name of Law Enforcement Agency _____

Are you an Amateur Radio Operator? ___ Yes ___ No

If yes, please provide: Call Sign _____ Class _____

Check the appropriate line for any certifications that you possess. Attach copies to completed application.

___ HazMat Awareness ___ First Aid ___ First Aid / CPR Instructor

___ HazMat Operations ___ CPR ___ NWS Severe Weather Spotter

___ HazMat Technician ___ EMT ___ C.E.R.T

___ HazMat I/C ___ First Responder ___ Other _____

Other Specialized Training _____

EMPLOYMENT HISTORY AND REFERENCES

Current Employer _____

Employer Address _____

City _____ State _____ Zip Code _____

Employer Telephone (_____) _____ How long with this employer? _____

May we contact your current employer? ___ No ___ Yes Name of Supervisor _____

Previous Employer _____

Employer Address _____

City _____ State _____ Zip Code _____

Employer Telephone (_____) _____ How long with this employer? _____

May we contact your previous employer? ___ No ___ Yes Name of Supervisor _____

Please provide three personal references that you have known for at least one year (no relatives):

Name _____ Telephone (_____) _____

Name _____ Telephone (_____) _____

Name _____ Telephone (_____) _____

NARRATIVE *(Briefly explain why you want to become a Member of WCEMA)*

AVAILABILITY *(Please check the following boxes which indicate your general availability for Agency duties)*

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING							
AFTERNOON							

EVENING							
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APPLICANT AUTHORIZATION AND STATEMENT

By signing below, I hereby submit my application to be a volunteer member of the Will County Emergency Management Agency. As part of this application, I acknowledge the following:

- I have never been convicted of a felony.
- I do not use any controlled substance other than that which has been prescribed to me by a Physician.
- I am not a member of an organization that advocates the overthrow of the government of the United States or the State of Illinois by violence or threat of violence.
- I am willing to submit to a medical examination or drug screening at any time (with or without notice.)
- I am willing to comply with all agency rules and regulations, and to all lawful orders given to me by agency officers and supervisory personnel.
- If accepted, I agree to take the oath for Will County Emergency Management Agency personnel.

I attest that the information contained in this application is truthful and accurate. I understand that my membership with the WCEMA may be terminated at any time for any willful omission or misstatement on this application. I grant my permission for the County of Will, the Will County Emergency Management Agency, and its agents to conduct a background investigation to determine my fitness as a member. I understand that my application may be denied for any reason and without recourse.

Signature _____

Printed Name _____

Date ____/____/____

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

The County of Will does not discriminate on the basis of race, color, national origin, gender, religion, age, or disability in employment or the provision of services.

BELOW IS FOR OFFICE USE ONLY – PLEASE DO NOT WRITE IN THIS AREA

<p style="text-align: center;">1 - ROUTING</p> <p>Date Application Received: Initials _____ Date ____/____/____</p> <p>Interviewer: Recommend _____ Yes _____ No Initials _____ Date ____/____/____</p> <p>Interviewer: Recommend _____ Yes _____ No Initials _____ Date ____/____/____</p> <p>Applicant Coordinator: Recommend _____ Yes _____ No Initials _____ Date ____/____/____</p>	<p style="text-align: center;">2 – TRAINING COORDINATOR</p> <p>Background Check: Date of Check ____/____/____ _____ Pass _____ Fail</p> <p>Membership Approval: Recommend _____ Yes _____ No Initials _____ Date ____/____/____</p>	<p style="text-align: center;">3 - DIRECTOR</p> <p>Membership Approval: _____ Yes _____ No</p> <p>Signature: _____</p> <p>Date ____/____/____</p>
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