



# ***Volunteer Application Packet***

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# Volunteer Application

**Return completed application to:**  
Douglas County Emergency Management  
111 East Eleventh Street  
Lawrence, KS 66044  
Phone (785)832-5259 Fax (785)832-5101  
tsmith@douglas-county.com

Name (Last, First, M.I.) \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

How long have you lived in Douglas County? \_\_\_\_\_

Have you lived in any other states besides Kansas? If so, which ones? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

E-mail Address \_\_\_\_\_

Do you have immediate availability to the internet?

Yes  No

In case of an emergency, please contact:

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City Zip

Home Phone Work Phone Relationship

## Employment History

Current employment status:

- Employed
- Not Employed
- Retired
- Student

If employed, name and address of employer:

Name of employer \_\_\_\_\_

Address of employer \_\_\_\_\_

Length of time at employment \_\_\_\_\_

## Character References

Please list two character references (**DO NOT INCLUDE RELATIVES**):

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Education**

(Circle last year completed)

6 7 8 9 10 11 12 or GED

College: 1 2 3 4

Graduate: 1 2 3 4

Name of High School Attended \_\_\_\_\_

Name of College Attended \_\_\_\_\_

Degrees or Special Courses of Training \_\_\_\_\_

Foreign Languages (speak, read, write) Please specify \_\_\_\_\_

**Health**

Answering "No" will not disqualify you from volunteering; this will only be used as a guide to help determine the way that you may best serve.

- 1. Are you able to perform strenuous physical labor such as filling sandbags?  
 Yes       No
  
- 2. Are you able to perform strenuous physical labor such as lifting or carrying heavy objects?  
 Yes       No

**Volunteerism:**

**Areas of Interest:**

- Auxiliary Communications Team
  
- Storm Spotter
  
- CERT

Briefly state your reasons for wanting to volunteer with the Douglas County Emergency Management Office. \_\_\_\_\_

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### **Special Skills**

Attach any certificates and/or supporting documents, if available

1. List any languages that you speak, include sign language \_\_\_\_\_
2. List any medical training \_\_\_\_\_
3. List any communication training \_\_\_\_\_
4. List any firefighting training \_\_\_\_\_
5. List any other special skills or abilities \_\_\_\_\_

When are you available for Volunteer Work?

Number of hours per week \_\_\_\_\_ Days available \_\_\_\_\_ Time of day \_\_\_\_\_

## About You

Our experience has been that most problems with the past, can be adequately explained to Douglas County Emergency Management, but if unknown at the time of selection, and later found out, it may create a problem. Please explain potentially negative things in your background.

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I certify that the above information contained in this application is complete and true to the best of my knowledge. I understand that there may be specific qualifications for some volunteer positions and that it may be determined that I do not satisfactorily meet those qualifications. I understand that references will be contacted. Further, I certify that I am 18 years of age or older and a citizen of the United States of America. I understand that Douglas County Emergency Management is not obligated to assign me if, in Douglas County's professional judgment, it would not be in my best interest or the best interest of OEM. Once accepted as a volunteer, I realize I may be released from my volunteer position at any time.

I authorize Douglas County Emergency Management to conduct any investigations necessary to verify the information provided herein, and to conduct any other job related investigations or inquiries necessary to determine my fitness for the position of Douglas County Emergency Management Volunteer. I understand said investigation may cover the following:

- Educational background
- Neighborhood reputation
- References
- Employment history

I understand that if I am offered volunteer status, I will be required to undergo a drug screen test.

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Full name – typed or printed

Applicant's Signature

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Date of Signature