

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
jrodrigue@douglascountyks.org

Date of Application: _____

Name (Last, First, M.I.) _____

Address, City, State, Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____

In case of an emergency, please contact:

Name _____

Address, City, State, Zip: _____

Home Phone

Work Phone

Relationship

Character References

Please list two references (Do not include relatives):

1. Name: _____

Address: _____

Phone: _____

Relationship: _____

2. Name: _____

Address: _____

Phone: _____

Relationship: _____

Employment Status

Current employment status:

- Employed
- Not Employed
- Retired
- Student

If employed, name and address of employer:

Name of employer _____

Address of employer _____

Phone number of employer _____

Length of time at employment _____

Education

Level of highest education completed:

- GED/High School College Vocational Training

Name of High School Attended _____

Name of College Attending/Attended _____

Degree, Course of Study, Vocational Training _____

Special Skills

(Attach any certificates and/or supporting documents)

1. Besides English, list any languages you are fluent in: _____
2. Are you fluent in sign language: Yes No
3. List any medical training and certification: _____
4. List any communication training: _____
5. List any firefighting/rescue training and certification: _____
6. List an other special skills or abilities relating to volunteer work, public educations or disaster services: _____

Areas of Interest

ACT (Auxiliary Communications Team – amateur radio)

SKYWARN (Weather Spotter)

CERT (Community Emergency Response Team)

Briefly state your reasons for wanting to volunteer with Douglas County Emergency Management:

When are you usually available for volunteer work?

Day(s) of the week: _____

Time of day: _____

Hours per week or month: _____

Are you available on short notice? Yes No

Personal History

A background investigation will be conducted by the Douglas County Sheriff's Department. Explain anything negative that may be identified during the background investigation. Most issues can be explained but if undisclosed and found later, may be cause for dismissal.

I certify that the above information is complete and true to the best of my knowledge. I understand there may be specific qualifications for some volunteer positions that I do or do not meet. I understand that references may be contacted and employment/ student status may be verified. I understand that Douglas County Emergency Management (DCEM) is not obligated to approve me.

I certify that I am 18 years old or older.

I certify that I am a citizen of the United States of America or have INS approval to be in this county.

I authorize DCEM and the Douglas County Sheriff's Department to conduct a background investigation or any other investigation as necessary.

I understand that I will undergo a drug screen test if offered a volunteer position.

I understand that I may be released from my volunteer position at any time.

Name – Printed

Signature

Date

Revised: 3/14/19
