



DOUGLAS COUNTY EMERGENCY MANAGEMENT VOLUNTEER APPLICATION

111 East Eleventh Street, Unit 200
Lawrence, Kansas 66044-2909
Office: (785) 832-5259
Fax: (785) 832-5101

Please complete form and press 'SUBMIT APPLICATION' at the bottom, or,
email completed application to: Erin Huneke - ehuneke@douglascountyks.org

Volunteer Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Cell Phone: _____

Receive Cell Phone Text Messages: YES NO

Email Address: _____

Employment Status Education

Current Employment Status:

Employed

Not Employed

Retired

Student

Level of highest education completed:

GED / High School

College

Vocational Training

If employed, complete the following:

Name of Employer

Address of Employer

Employer Phone

Length of time at employment

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)

Besides English, list any language(s) you are fluent in: _____

Are you fluent in sign language: YES NO

List any medical training and / or certification(s): _____

List any communication training: _____

List any firefighting / rescue training and certification: _____

List any other special skills or abilities relating to volunteer work, public education or disaster services:

Areas of Interest

ACT (Auxiliary Communications Team – amateur radio)

For more information regarding the ACT, please click [HERE](#).

SKYWARN (Weather Spotter)

For more information regarding SKYWARN, please click [HERE](#).

CERT (Community Emergency Response Team)

For more information regarding CERT, please click [HERE](#).

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

Character References

Please list two references (Do not include relatives):

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Personal History

A background investigation will be conducted by the Douglas County Sheriff's Office. 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.

Please initial to signify agreement with statement.

_____ I certify that I am 18 years of age or older.

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

_____ I authorize DCEM and the Douglas County Sherriff's Office to conduct a background investigation or any other investigation as deemed 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: _____ Date: _____

Signature: _____