

MONTGOMERY COUNTY

EMERGENCY MANAGEMENT

117 South Main Street, Suite 721
Dayton, Ohio 45422

(937) 224-8934
FAX (937) 224-8881

Director

Jeff Jordan



VOLUNTEER APPLICATION

Name: _____
Last First Middle

Address: _____
City County State Zip

Telephone Number: Home _____ Alternate _____

Social Security Number: _____

Have you worked for Montgomery County, the State of Ohio, or any political subdivision before?

Yes _____ No _____ If yes, when? _____ Which department? _____

Are you 18 or over? Yes _____ No _____

Whom shall we contact in case of emergency? Name: _____

Address: _____ Phone: _____

Have you ever been convicted of a crime for the violation of any law except minor traffic violations?

Yes _____ No _____ If yes, give the following information:

Date	Conviction	Place	Current Status

NOTE: Convictions are not an automatic bar to volunteering. Each case is considered on its own merit.

MILITARY SERVICE INFORMATION

Branch of Service: _____

Highest Rank Achieved: _____

Job Title: _____ Duties: _____

Total Length of Service Time: _____

Reserve or National Guard Status: _____

EMPLOYMENT HISTORY

Account for ALL TIMES for the past TEN years, including periods of unemployment. INDICATE NAME USED IF OTHER THAN SIGNATURE ON THIS APPLICATION. Begin with PRESENT position or occupation. In addition, list any other QUALIFYING experience PRIOR to the last 10 years. (If you need more room, USE A SEPARATE SHEET OF PAPER.) A RESUME is both welcomed and urged in addition to completion of this application. It will become an official part of the application, but may not be substituted for any part of this application.

A. Company Name : _____

Company Address: _____
Street City State Zip Code

Supervisor's Name: _____ Telephone Number: _____

Your Title: _____ Date: from mo. _____ yr. _____ to mo. _____ yr. _____

Your Duties: _____

Reason for Leaving: _____

May we contact? yes _____ no _____

B. Company Name : _____

Company Address: _____
Street City State Zip Code

Supervisor's Name: _____ Telephone Number: _____

Your Title: _____ Date: from mo. _____ yr. _____ to mo. _____ yr. _____

Your Duties: _____

Reason for Leaving: _____

May we contact? yes _____ no _____

C. Company Name : _____

Company Address: _____
Street City State Zip Code

Supervisor's Name: _____ Telephone Number: _____

Your Title: _____ Date: from mo. _____ yr. _____ to mo. _____ yr. _____

Your Duties: _____

Reason for Leaving: _____

May we contact? yes _____ no _____

-1- Spontaneous Volunteer Skills Inventory

Name _____

The purpose of this inventory is to identify volunteers' special skills.

**PLEASE CHECK ANY OF THE FOLLOWING IN WHICH YOU HAVE
EXPERISE & TRAINING. CIRCLE YES OR NO WHERE APPROPRIATE.**

- _____ **First Aid (Current card Yes / No)**
- _____ **CPR (Current card Yes / No)**
- _____ **Triage**
- _____ **Firefighting**
- _____ **Construction (electrical, plumbing, carpentry, etc.)**
- _____ **Running/Jogging**
- _____ **Emergency Management**
- _____ **Search & Rescue**

_____ **Law Enforcement**
Bi/Multi-lingual (what language (s)) _____

- _____ **Mechanical Ability**
- _____ **Structural Engineering**
- _____ **Bus/Truck Driver (Class 1 or 2 license Yes/ No)**

- _____ **Shelter Management**
- _____ **Survival Training & Techniques**
- _____ **Food Preparation**

- _____ **Ham Radio Operator**
- _____ **CB Radio**
- _____ **Journalism**

- _____ **Camping**
- _____ **Waste Disposal**
- _____ **Recreation Leader**

**DO YOU HAVE EQUIPMENT OR ACCESS TO EQUIPMENT OR MATERIALS
THAT COULD BE USED IN AN EMERGENCY? PLEASE LIST EQUIPMENT
AND MATERIALS.**

-2- Spontaneous Volunteer Skills Inventory

_____ **Typing**
_____ **Computer: Programs** _____

_____ **Current Licences**
Type _____ **State** _____ **Number** _____
Type _____ **State** _____ **Number** _____

COMMENTS _____

SUPPORT VEHICLE INVENTORY (ICS FORM 218)

SAMPLES OF RESOUCES STATUS CARDS (ICS FORM 219)

INTERIM TOOL KIT

EDUCATION

Graduated? Yes No

Check the highest grade of school completed 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 G.E.D.? Yes No

Are you currently enrolled in school _____ Part Time _____ Full Time _____
name of institution

	Number of Years Completed	Did You Graduate?	Course of Study	Give types of degree, credits earned, or other documents awarded.
College • _____ (undergraduate) Name _____ City _____ State _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College • _____ (graduate) Name _____ City _____ State _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business/ Technical • _____ Name _____ City _____ State _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Military/ Correspondence • _____ Name _____ City _____ State _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other • _____ Name _____ City _____ State _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please explain any additional knowledge, skills and abilities not previously discussed which may be helpful establishing areas where your skills could benefit Emergency Management. Include projects, hobbies, community or volunteer activities, etc.

ATTENTION: READ THE FOLLOWING STATEMENTS BEFORE SIGNING THIS DOCUMENT

As a volunteer for Montgomery County, Office of Emergency Management, I understand and agree that the County may make a thorough investigation of my past employment and activities. (This may include, but not be limited to, a motor vehicle operator and police record investigation.) I hereby release you, your organization or others from any liability or damages which may result from the exchange of the information requested.

I also certify that all statements contained herein or at any step of the volunteer process are true, complete and correct to the best of my knowledge. I understand a false answer or material omissions may be grounds for refusing volunteer services at Montgomery County Office of Emergency Management.

Signed

Date