

Williamson County Emergency Management Application Form

Last Name: _____ Address 1: _____
 First Name: _____ Address 2: _____
 MI: _____ Birth Date ____/____/____ City: _____
 Male: _____ Female: _____ State: _____
 Zip: _____ Mr. Mrs. Ms. _____ Country: _____
 Work Phone: _____ Citizenship: _____
 Home Phone: _____ Cell Phone: _____
 Other Phone: _____ Email: _____
 Agency: Williamson County EMA Position: Volunteer
 Willing to volunteer for: ___ Disaster Response Team ___ Preparedness Team ___ School Preparedness
 ___ Operations Team ___ Community Outreach
 Disaster Training Completed: _____
 Professional Certification: _____ Agency: _____

SKILLS: Please check all that apply.

COMMUNICATIONS

___ CB operator
 ___ Own equip? _____
 ___ Ham operator
 ___ call _____
 ___ Hotline Operator
 ___ Liaison
 ___ Own a cell phone
 ___ # _____
 ___ Own a skyphone
 ___ # _____
 ___ Public relations
 ___ Public speaker
 ___ Web page design

Language other than English:

___ French
 ___ German
 ___ Spanish
 ___ Sign Language
 ___ Special Needs
 ___ _____
 ___ _____

OFFICE SUPPORT

___ Admin/Secretarial
 ___ Clerical - filing, copying
 ___ Comp Programming
 ___ Data entry
 ___ Software: _____
 ___ Office Manager
 ___ Phone receptionist
 ___ Volunteer Mgmt
 ___ Donations Mgmt
 ___ Community Outreach
 ___ _____

SERVICES

___ Animal care
 ___ Animal rescue
 ___ Auto repair/towing
 ___ Crime watch
 ___ First Aid
 ___ Elderly/disabled asst.
 ___ Food Svc/Canteen
 ___ HR/ Personnel Mgmt
 ___ Volunteer Fire
 ___ Runner
 ___ Search and rescue
 ___ Shelter Operations
 ___ Social Svc/Casework
 ___ Weather(storm spotter)
 ___ Traffic control
 ___ Home preparedness

ENVIRONMENTAL

___ Toxic Waste
 ___ Waste Reduction/Mgmt
 ___ Water
 ___ Wildlife/Land Mgmt
 ___ Other Environmental

STRUCTURAL

___ Damage assessment
 ___ Metal construction
 ___ Wood construction
 ___ Block construction
 ___ Cert. # _____
 ___ Plumbing
 ___ Cert. # _____
 ___ Electrical
 ___ Cert. # _____
 ___ Roofing
 ___ Cert. # _____

TRANSPORTATION

___ Car
 ___ Station wagon/mini van
 ___ Maxi-van, capacity _____
 ___ ATV
 ___ Own off-road veh/4wd
 ___ Own truck, description:

 ___ Own boat, capacity _____
 ___ Commercial driver
 ___ Class & license #:

 ___ Camper/RV, cap _____
 ___ & type: _____
 ___ Snowmobile
 ___ Bus
 ___ Tractor/trailer
 ___ 4 wheel drive vehicle

LABOR

___ Loading/shipping
 ___ Sorting/packing
 ___ Clean-up
 ___ Operate equipment
 ___ Types: _____
 ___ Have experience
 ___ supervising others

EQUIPMENT

___ Backhoe
 ___ Chainsaw
 ___ Generator
 ___ Other: _____
 ___ _____
 ___ Bobcat
 ___ Truck & Plow
 ___ Dump Truck
 ___ Trailer (open / closed)
 ___ Forklift

Office Use Only: Training IS Required Classes

100 200 700 800 230 EMA # _____

Williamson County Emergency Management Application Form (Side two)

Health limitations/impairments: _____
Emergency Contact _____ Relationship: _____
Emergency Phone 1: (____) _____ - _____ Emergency Phone 2: (____) _____ - _____
DL #: _____ State: _____ Class: _____ Expiration: _____
Vehicles Available: _____
Your Occupation _____ Employer _____
Business Address _____ City _____ ST _____ Zip _____
Are you a year-round resident? ___Yes ___No Months you are available _____
Are you currently affiliated with a disaster relief agency? If yes, name of agency: _____
Availability: Days: _____ Hours: _____
Have you ever been dismissed from any volunteer organizations? () Yes () No
Have you ever been convicted of a felony? () Yes () No
Do you have a High School Diploma? () Yes () No
Shirt size: S M L XL XXL XXXL XXXXL

I, _____, do solemnly swear (or affirm) that I will support and defend and bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of Illinois, and the territory, institution and facilities thereof both public and private, against all enemies, foreign and domestic; and I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter. And I do further swear (or affirm) that I do not advocate, nor am I, nor have I been a member of any political party or organization that advocates the overthrow of the government of the United States or of this State by force or violence; and during such time that I am affiliated with the Williamson County Emergency Management Agency, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the government of the United States or of this State by force or violence.

Signature _____

Date _____

Notary _____

Date _____

Return this completed form to:

Brian P. Burgess
Director, Williamson County EMA
407 N. Monroe St Suite 370
Marion IL, 62959
(618)998-2123 X 1
(618)997-3133fax

Notes: Please list any beneficial skills, abilities, or training that you think could be an asset to Williamson County EMA.

Please List any training that you might desire to have:

