

Logan County All Hazards Team Team Member Application



DEAR PROSPECTIVE MEMBER:

Thank you for your interest in Logan County All Hazards Team. The team is open to all persons who meet the requirements. Membership is obtained without regard to race, gender, color, creed, religion, disability or ethnic orientation.

As a first responder organization, maintaining Public Trust is our highest priority. For the protection of our members and those we serve, all members are subject to a background check. Any false or misleading information provided by the volunteer or unsatisfactory background investigation reports are grounds for immediate termination.

INSTRUCTIONS (PLEASE READ THOROUGHLY)

- Once you have completed the application, you will receive a notification through your preferred source with instructions on how to submit the following (the application process is not complete until dues and all required documents are received):
- Background Review Consent
- Waiver of Liability
- Code of Conduct

The Logan County OEM may also require additional information and/or fingerprints in some cases. If required, you will be notified and given instructions on how to complete this process.

ELIGIBILITY

- Minimum 18 years of age
- No disqualifying offenses US citizen or legal resident

DISQUALIFICATIONS TO MEMBERSHIP

- A criminal history that indicates you have been convicted of a felony offense, criminal fraud, or a crime of moral turpitude.
- Registered sex offender
- Military discharge of less than an Honorable Discharge

Thank you, and if you have any questions about the application process, please contact The Logan County OEM at loganoem31@magtel.com.

Logan County All Hazards Team Team Member Application

Logan County OEM
Training Center
205 E. Maple Street
Paris, AR 72855

479-963-3218 Office
479-963-3890 Fax
Logan County OEM on Facebook
loganoem31@magtel.com



Name _____ Date _____
First Middle Initial Last

Home Address _____ City _____ Zip _____

Contact Phone _____ Alternate Phone _____

Date Of Birth _____ Male Female Email _____

Driver Lic. Number _____ Do you have a valid Driver License ? Y / N

Emergency Contact Name and Number _____

Reference Name _____ Phone Number _____

Reference Name _____ Phone Number _____

Do you have a SAR certification from any other county? Y / N County _____

What areas of the team are you interested? Dive Team Ground Search Search and Rescue Swift Water Rescue

OEM Volunteer Damage Assessment Communications Incident Command K9

Special Qualifications: Firefighter 1st Responder EMT Other _____

Have you been arrested for any reason? Y / N Where? _____

Have you been convicted of any crime? Y / N Do you have any felony convictions? Y / N

I hereby certify that all statements made by me in this application are true, complete and correct. I understand false statements herein are sufficient grounds for rejection of this application. If approved for services, I agree to abide by all of the provisions of Logan County All Hazards Team policies and procedures.

Signature _____ Date _____

Official Use only

Notes _____

Approved / Not Approved Signature _____ Date _____