

**Application to Volunteer
for the Orange County Office of Emergency Management**

Fill in all information requested; applications not completely filled out will returned without processing.

Personal Information: *****

Name: _____ Call Sign: _____
(Last) (First) (M.I.) (If amateur radio operator, please provide copy

Date of Birth: month ____/day ____/year ____ of amateur licenses)

Street Address: _____

City/State/Zip: _____, _____, _____

Mailing Address (If different): _____

Home Phone: (____) ____ - ____ Work Phone: (____) ____ - ____

Martial Status: _____ Number of Dependents: _____

Spouse's or significant other 's name: _____

Emergency Contact; Name: _____

Emergency Contact's Phone: (____) ____ - ____

Have you ever been or currently a volunteer with any other organization or agency?

Yes _____ No _____

If Yes, List the organizations and agencies and provide a name and phone number for us to contact.

Organization or Agency	Contact's Name	Contact's Phone Number
_____	_____	(____) ____ - ____
_____	_____	(____) ____ - ____

If more space is needed, please attach a separate sheet with details.

Have you ever been deny membership to a volunteer organization or agency?

Yes _____ No _____

If Yes, List the organizations and agencies and provide a name and phone number for us to contact.

Organization or Agency	Contact's Name	Contact's Phone Number
_____	_____	(____) ____ - ____
_____	_____	(____) ____ - ____

If more space is needed, please attach a separate sheet with details.

Employment Information: *****

Current Employer: _____

Street Address: _____

City/State/Zip: _____, _____, _____

Mailing Address: _____

(If different) _____

How long have you worked there? _____ Job Title _____

Supervisor's Name: _____ Phone Number: (____) ____ - ____

Last Previous Employer: _____

Street Address: _____

City/State/Zip: _____, _____, _____

Mailing Address: _____

(If different) _____

Have long did you work there ? _____ Job Title _____

Supervisor's Name: _____ Phone Number: (____) ____ - ____

Why did you leave this position? _____

Education: *****

High School Graduate: Yes ___ Year _____, No ____, If no highest grade: _____

High School graduated from or attended: _____

City/State/ Zip: _____

College Attended: _____

City/State/Zip: _____

Degrees: _____ Other Colleges Attended _____

Other Degrees: _____

Vocational Education: Major, _____

Vocational School: _____

City/State/Zip: _____

Date of Graduation: _____

Driving Record Information: *****

Driver's License # _____ State _____ Class _____

Exp. Date: _____ Restrictions: _____

Any at-fault accidents? Yes ____, No ____, If yes, please explain, _____

Has your license ever been revoked or suspended? Yes ____, No _____

If yes, please explain, _____

Criminal Record: *****

Have you ever been convicted or plead guilty to an offense? Yes ____, No _____

If yes, please provide the details on a separate sheet of paper.

Medical History: *****

1) Do you consider yourself to be in good physical condition? _____

2) Do you have or ever been treated for the following conditions: (circle yes or no)

Heart yes no Lungs yes no Arthritis yes no

Epilepsy yes no Hernia yes no Diabetes yes no

Fainting yes no Liver yes no Kidney yes no

Poor Eyesight yes no Loss of Hearing yes no Back Problems yes no

High Blood Pressure yes no Communicable Diseases yes no

Circulation yes no Respiratory Problems yes no

Mental Illness yes no Allergies yes no If you have answered yes to

any of the above, please provide a brief history on a separate sheet of paper.

3) Have you ever been hospitalized or operated on? _____, If yes, when, where and, for what? _____

4) Have you ever collected Workmen's Compensation? _____, If yes, when, where and, why? _____

5) Are you currently taking any medication or drugs? _____, If yes, please list the medications on a separate sheet of paper.

References: *****

Please provide the names, telephone numbers and, mailing addresses of three (3) character references that you have know for at least one year.

Name: _____ Telephone #: (____) ____ - ____

Mailing Address: _____

Page 3 **Applicant's Name** _____

Name: _____ Telephone #: (____) ____ - _____

Mailing Address: _____

Name: _____ Telephone #: (____) ____ - _____

Mailing Address: _____

Application Information Declaration

The following section must be read and signed by applicant:

As an applicant to volunteer for the Orange County Office of Emergency Management, you should be aware of the requirements and duties that are expected of you. You will have to abide by the rules and procedures of the Orange County Office of Emergency Management and listen to the staff of the Office and the officers of the Division that you are a volunteer for. As a volunteer, you agree to help and assist others no matter their condition. As a volunteer, you represent the Office of Emergency Management and, yourself because, of this an in-depth character check will be done base on the information provided on this application. Any fraudulent information or misinformation will be grounds to bar you from volunteering or, being dropped as a volunteer at a later date. Upon leaving the Office of Emergency Management, all property belonging to the Office or Division must be returned immediately to the Office.

Type of membership applying for: _____ **Active** _____ **Reserve**

I declare, subject to penalties of perjury, that the statements made in this application and accompanying information have been examined by me and to the best of my knowledge are true and correct. I also give permission for disclosure of any information pertaining to me while obtaining character references.

_____ signature of applicant

_____ date

Application accepted by: _____

Date: _____