

Wagoner County Emergency Management



Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Social Security #	
Drivers License #	

Check Background

Wagoner County Emergency Management is a public safety organization. A background check will be performed on every applicant. Do you object to a background check? _____

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

- Water Rescue Team
 Light Search & Rescue
 Communications
 K-9 Search and rescue
 Weather Spotting
 Disaster Preparedness Team
 Support Team

Special Skills or Qualifications

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Certifications

List all certifications and training. **(Please attach copies of all certifications.)**

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

References

Name (printed)	
Address	
Phone	
Name (printed)	
Address	
Phone	
Name (printed)	

Address	
Phone	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.