



Volunteer Application
Jefferson County Emergency Management Agency
100 South 10th Street
Mt. Vernon, IL 62864

Name (Last, First, MI): _____ Date of Birth: _____

Address: _____ Street: _____ City: _____ Zip: _____

E-mail Address: _____ Phone Number: _____

Present Employer: _____ Address: _____ City: _____

Nature of Work: _____ Hours of work: _____

Are you able to leave work if called? _____

Previous Employer: _____ Hours of work: _____

List two references (other than former employers or relatives):

1. _____

2. _____

Do you hold a valid Driver's License? Yes No State: _____ Number: _____

Do you have an Amateur Radio License? Yes No If yes, Call Sign: _____ License Class: _____

Are you a member of any of the following groups / organizations: RACES ARES MARS

List all skills and knowledge that you possess that would be of value in Emergency Management

Have you ever been convicted of anything other than a minor traffic violation ? Yes No If yes, explain below

Education level: High School / GED College Degree(s): _____

I certify that the information provided is accurate:

Date: _____ Signature: _____