



MADISON COUNTY EMERGENCY MANAGEMENT AGENCY



*"TO SERVE AND PROTECT THE LIVES AND
PROPERTY OF THE CITIZENS OF MADISON COUNTY,
FROM NATURAL, TECHNOLOGICAL, AND MANMADE DISASTERS."*

Membership Application/Update Form

Name: _____

Street Address: _____ City: _____

Township: _____ State: _____ Zip Code: _____

If you have resided at above address for less than one year, please provide previous address below

Street Address: _____ City: _____

Township: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

Email: _____ Work Phone: _____

Emergency Contact Name: _____ Phone: _____ Relation: _____

Employment

Occupation: _____ Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Supervisor: _____

Drivers License & Personal Information

Do you currently possess a valid Indiana driver's license? Yes: ____ No: ____

Driver's License Number: _____ - _____ - _____ State: _____ Expiration Date: _____

Date of Birth: _____ Sex: ____ Hair: _____ Eyes: ____ Height: _____ Weight: ____

Character References (New Members Only)

Please list two people, who are *not related* to you that are familiar enough with your character and background to provide the office of Emergency Management and Homeland Security with personal references.

Name: _____ Phone: _____ Email: _____

Address: _____ Years Known : _____ Relation: _____

Name: _____ Phone: _____ Email: _____

Address: _____ Years Known : _____ Relation: _____

Continued on Reverse Side



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Certifications & Equipment

What division of Emergency Management are you applying to volunteer in? _____

Are you aware of any circumstances that would limit your ability to perform essential functions of the position you are seeking? Yes: _____ No: _____ If yes, please explain: _____

Do you have an Amateur Radio license? Yes: _____ No: _____ Class: _____ Callsign: _____

What licenses or certifications (other than amateur radio) do you hold that may be considered specialized training for this position? _____

List and equipment that you own that could be used in your work with the division you are applying for? _____

Additional Information

Have you ever plead guilty or "no contest" or been arrested or convicted of a crime that has NOT been expunged or sealed by the court? Yes: _____ No: _____ If yes, please explain: _____

Are you an active member of any other emergency services organization? (Fire, Police, etc.) Yes: ____ No: ____

If yes, please list organization(s) and position(s): _____

Have you previously been a member of any other emergency services organization? Yes: ____ No: ____

If yes, please list organization(s) and position(s): _____

The information that I have supplied is both truthful and accurate to the best of my knowledge. I understand that willfully supplying inaccurate information may result in my application being rejected. I agree to return Emergency Management Agency's ID's, equipment and insignias issued to me to the issuing authority upon resignation or upon demand by the Madison County Emergency Management Agency. I will not hold the Emergency Management Agency, Madison County, or any Officer thereof liable for any damages to my equipment or for personal injuries during any Emergency Management Activity. I understand that processing this application takes three to six months. The "Applicant signature" hereby authorizes Madison County Emergency Management Agency to receive any criminal history record information pertaining to me, which may be in the files of any state or any local criminal justice agency, or any law enforcement agency. This request is specifically for, all agencies within the United States.

Applicant Signature: _____ Date: _____

Office Use Only

Date Received: _____ Application Approved? Yes: ____ No: ____ Date: _____

Staff Signature: _____ Date: _____