



# 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

Mail Application to: MCEMA 200 N. Delaware Street Anderson, Indiana 46016



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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: \_\_\_\_\_

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