



Carter County Emergency Management Agency

Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Work) _____

Contact in case of emergency: _____ Phone: _____

I. Skills and Interests

Education: Degree _____ Institution _____ Dates attended _____

License(s) held: _____ Language(s) spoken fluently: _____

Hobbies, skills, and interests: _____

Occupation: _____ Employer: _____

Address: _____ Phone: _____

II. Experience (paid and volunteer, beginning with the most recent):

Position Organization Dates:

Application Continued

III. Volunteering Preferences:

Is there a particular type of volunteer work in which you are interested?

Availability (days and hours): _____

Do you have access to a vehicle that you can use for volunteer work? ___ Yes ___ No

How did you hear about our agency? _____

IV. References:

Give the names and contact information for three people (not relatives) who know you well and can attest to your character.

V. Verification and Consent for Reference and Background Check:

I verify that the above information is accurate to the best of my knowledge.

I give Carter County permission to inquire into my educational background, references, licenses, police records, and employment and/or volunteer history. I also give permission to the holder of any such information to release it to Carter County. I hold Carter County harmless of any liability, criminal or civil, that may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to the above-named agency. I understand that Carter County will use this information only as part of its verification of my volunteer application.

Name (please print)

Social Security Number

Signature

Date