



STATE OF TEXAS
COUNTY OF WILSON

OFFICE OF EMERGENCY MANAGEMENT
800 TENTH ST., BLDG B.
FLORESVILLE, TEXAS 78114
OFFICE: 830-393-8351

COMMUNITY VOLUNTEER APPLICATION

Please Print Clearly

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NAME: _____ DOB: _____

MAILING ADDRESS: _____ M/F: _____

CITY: _____ ZIP CODE: _____

HOME PHONE: _____ CELL: _____

WORK PHONE: _____ FAX: _____

E-MAIL: _____

TEXAS DRIVERS LICENSE NO. _____ CLASS/ENDORSEMENTS: _____

**ALL APPLICANTS ARE SUBJECT TO A BACKGROUND CHECK BY THE
WILSON COUNTY SHERIFF'S OFFICE**

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Special Skills I hold: (Check all that apply.)

- First Responder Experience – Circle all that apply: Police, Fire, EMS
- Military Experience: Branch _____ Type _____
- Emergency Management Training –Years experience: _____
- Hazmat Trained – Indicate type/level _____
- Communications Experience _____
(ie., radio, transmitters)
- Logistics/Warehouse Experience
- HAM Radio Operator – group affiliated with _____
- CPR Certified – what agency(s) _____
- CERT Trained
- Medical License/Certification – Type _____
- Computer Skills _____
- American Red Cross Trained – indicate types & level _____

- Languages spoken and/or read _____
- Other _____
(sign language skills, licenses, certifications, etc.)
- List current or past civic/community organization affiliation(s) _____

(over)

Volunteers may be utilized in various aspects of preparing for and responding to county wide emergency situations. Emergency operations include but are not limited to Sheltering – people, pet friendly shelters, animal shelters; POD (Point of Dispensing) sites; EOC (Emergency Operations Center) Operations;

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I would like to volunteer in/as: (Check all that apply.)

- Education/Outreach
- Phone Bank Call Taker
- Runner
- Security/Check-in
- Data entry
- Clerical
- Greeters
- Counseling/Mental Health
- Medical (Physicians/LVN/RN, DVM, Vet Techs etc.) _____
- Sanitation
- Other: _____

I have the following physical limitations: _____

Volunteers under age of 18 must have parental consent

How did you hear about the 2nd Responder program?

- Website Newspaper Presentation: Location _____
- Flyer: Location _____ Other: _____

Applicant Signature: _____ Date: _____

(Application is not valid without signature AND all lines completed. **Upon approval of application, applicant must sign an informed consent waiver and release of liability agreement**)

WILSON COUNTY RESERVES THE RIGHT TO ACCEPT OR REJECT ANY APPLICATION