## BEE COUNTY EMERGENCY MANAGEMENT Disaster Assistance Volunteers (DAV) Volunteer Application

Personal information	tionPlease PRINT LEGIB	<b><u>LY</u></b> and complete all i	nformation. I would like	e to volunteer with :				
Food Distrib	ution Evacuation 1	Feam Donati	on management team	Shelter Team				
Emergency Operations Center Team Other								
	es health care provider ed mental health provider Ty		Pharmacist,RN,LVN,EI blogist,Psychiatrist, etc)					
Name: (Last)		(First)	(Middl	e)				
Address: (Please	provide rural 911 address)							
		Address	C	tity/Town Zip				
Phone:	Home	Work	Cell	Pager				
Email (Hama)				, and the second s				
Email (Home)								
Occupation:		E	mployer					
List any special slills/training/abilities you believe would be of assistance during a community crisis situation: ie, Language spoken or read (specify which languages), sign language, (ASL, other), TTY/TDD, computer skills, construction skills, communicaitons skills, warehouse knowledge/skills, food service skills, equipment operation, truck driving, couseling, etc.								
Drivers License # State: Expiration								
Emergency Notification:								
		Name	Relationshi	p Phone				
<ul> <li>Volunteer Requirements and Responsibilities</li> <li>Submit complete application form and copy of Drivers Licenseor ID card</li> <li>Be at least 18 years of age</li> <li>Hold a current valid drivers license or ID card</li> <li>Have no felony convictions Drug related, Sexual or Family Violence Offenses</li> <li>Participate in all required training sessions</li> <li>Comply with worker/volunteer standards established by the Local Emergency Planning Committee</li> <li>Notify the Emergency Management Coordinator, in writing, when terminating volunteer status</li> <li>Be available on short-term notice</li> </ul>								
<ul> <li>I understand:</li> <li>* That any information I have provided in this application may be disclosed to and used by the Local Emergency Management Coordinator for planning purposes and volunteer assignment <b>Only</b></li> <li>* That in the case of emergency or disaster, I may be contacted at any time (day or night)</li> <li>* A background check may be conducted on volunteer applicants for the protection of the general public.</li> <li>* I understand that a felony conviction for D.W.I, drug related , sexual or family violence offenses of any degree, will disqualify me from participating as a volunteer in the Bee County Emergency Management framework. I may be disqualified for other reasons at the descretion of the Volunteer Committee.</li> </ul>								
	qualify me from participating as	a volunteer in the Bee C	ounty Emergency Manage	, <b>,</b> ,				
disc I have read and under	qualify me from participating as	a volunteer in the Bee C e descretion of the Volun onsibilities, and information.	ounty Emergency Manage teer Committee.	ement framework. I may be le information I have				

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Revised 9-26-08