



GUADALUPE COUNTY VOLUNTEER APPLICATION



First Name:			
Last Name:			
Address:			
City/State/Zip			
DOB	Drivers License #	DL Type	DL State
Work/Home Phone #		Cell Phone #	
Email Address:			
Emergency Contact Name & Phone #			
I am interested in volunteering for the following types of activities:			
<input type="checkbox"/>	SNS/POD Volunteer		
<input type="checkbox"/>	Sheltering		
<input type="checkbox"/>	Animal Sheltering		
<input type="checkbox"/>	CERT		
<input type="checkbox"/>	Damage Assessment		
<input type="checkbox"/>	HAM Radio/Weather Spotter		

EDUCATION:

Highest level of Education: _____

PROFESSIONAL LICENSE (if applicable)

License #	License Type	Expiration
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BACKGROUND:

Are you a citizen of the United States? (check one) YES NO

Have you ever been convicted of a felony? YES NO

If yes, give details on the reverse of this form.

Offense	Date of Conviction
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Have you ever served in any branch of the military? YES Branch: _____ NO



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Relevant Skills, Experience, Special Training, Areas of Interest (please write below)

AFFADAVIT

I certify that the above answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I authorize the Guadalupe County Fire Marshal/Office of Emergency Management to conduct a background investigation pertaining to my suitability for the above stated position, which may include a Criminal History check. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information. I understand and agree that any misleading or incorrect statements or omissions may render this application void, and would be cause for dismissal and the Guadalupe County Fire Marshal/Office of Emergency Management would not be liable in any respect for such action. I understand that Guadalupe County Fire Marshal/Office of Emergency Management reserves the right of non-disclosure for the acceptance or denial of the applicant. I also understand that when volunteering with the Guadalupe County Fire Marshal/Office of Emergency Management I will be subject to photos and video and these images may be circulated on a variety of media.

Applicant's Signature & Date:

Signature: _____

Date: _____