



Volunteer Application

First Name: _____ Last Name: _____ MI: _____

Home Address: _____ City: _____ State: ___ Zip: _____

Date of Birth: _____ Sex: _____ Allergies: _____

Eye Color: _____ Hair Color: _____ Weight: _____ Height: _____

Driver's License Number: _____ State: _____

Do you currently have or have received treatment in the past 5 years for any of the following:

Back Injury: _____ Epilepsy: _____ Heart Disease: _____ Diabetes: _____ Hypertension: _____

Have you ever been arrested or had a civil judgement brought against you? _____

Employer: _____ Position: _____

Employer Address: _____ City: _____ State: ___ Zip: _____

Home Phone: _____ Mobile Phone: _____

List how you wish to be reached for activation: _____

Will your employer allow you to respond during work hours? _____

List Three Character References:

1. Name: _____ Address: _____ Phone: _____
2. Name: _____ Address: _____ Phone: _____
3. Name: _____ Address: _____ Phone: _____

High School Graduate: _____ College Years: _____ Degree: _____ (Yes/No)

Field of Study: _____

Professional Certifications: _____

Occupational Skills: _____

Public Safety Training: _____

CPR / AED Training: _____

Emergency Contact: Name: _____ Relationship: _____

Contact Numbers: Home: _____ Mobile: _____



EMERGENCY MANAGEMENT
Covington County

502 S. Arrington Ave.
Collins, MS 39428
Tel: (601) 765-6687 Fax: (601) 765-0283



I, _____, do affirm that the information above is true and correct. Any falsification of this information will be grounds for rejection of this application, should an investigation reveal a deliberate attempt to mislead the Covington County Emergency Management Agency.

I further agree to comply with all policies and procedures of the Covington County Emergency Management Agency. Any violation of policies and procedures will result in administrative action and possible dismissal as a volunteer.

I understand that information contained herein is of a confidential nature and that it is to be used for Emergency Management business only. I authorize Covington County Emergency Management Agency officials to use this information to conduct a criminal background examination should it be deemed necessary.

Signature of Applicant

Date