



Application for Volunteer Membership

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Please download this form! This application must be downloaded and submitted from your computer.

Save this form to your computer, open the file, and complete all fields before submitting.

Today's Date:

Are you 21 years of age or older?

Yes

No

NOTE: Any person completing this Application shall be subject to a fingerprint-based state and criminal history records check. A driver's history abstract and proof of insurance shall be obtained from or about all candidates for OEM Volunteer.

This application does not create an Employer / Employee relationship.

Personal Information

Your Name:

First Name

Middle Name

Last Name

Address:

Street

Apt/Unit

City

State

Zip

Contact Info:

Cell #

Other Phone #

Email Address

Have you ever been arrested or charged with any criminal offense? (other than a traffic ticket)

Yes

No

List all arrest information:

Have you ever been convicted of a criminal offense?

Yes

No

List all conviction information:

Note: You are not required to disclose sealed, expunged, or impounded records of conviction.

Have you ever been employed by Kane County?

Yes

No

If yes, please list the dates of your employment and the reason you left:



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Education Information

Indicate below the highest level of education you've completed:

High School/GED

Associate Degree

Bachelor's Degree

Master's Degree

Professional Licenses

Please tell us about any professional licenses you hold:

	State	Expiration	License #
Registered Nurse			
Licensed Practical Nurse			
Veterinarian			

	State	Expiration	License #
EMT			
Paramedic			

FCC Amateur Radio License

Call:

Class:

Expiration Date:

Skills and Qualifications

List any languages, other than English that you speak, read, or write:

Describe your skill level with these language(s):

Please indicate your level of competence:

General Computer Skills

High

Medium

Low

Never Use

Microsoft Office (Word, Excel, etc.)

High

Medium

Low

Never Use

Summarize additional skills, training, licenses, or knowledge – especially in radio communication, information technology, planning, logistics, or similar:



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Employment History

Employment History #1:

Employer:

Employer

Phone #

Job Title

Employer
Address:

Street

City

State

Zip

Supervisor:

First Name

Last Name

Position

Dates Employed:

From

To

Reason for Leaving

Work Performed:

Work Performed / Job Responsibilities

Employment History #2:

Employer:

Employer

Phone #

Job Title

Employer
Address:

Street

City

State

Zip

Supervisor:

First Name

Last Name

Position

Dates Employed:

From

To

Reason for Leaving

Work Performed:

Work Performed / Job Responsibilities



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Character Related References

Character Reference #1:

Name: Phone #: Email:

Address: Relationship:

Character Reference #2:

Name: Phone #: Email:

Address: Relationship:

Character Reference #3:

Name: Phone #: Email:

Address: Relationship:

Emergency Contact Information

Name: Home Phone:

Address: Cell Phone:

Relationship: Work Phone:



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Please read the following carefully before signing:

I UNDERSTAND THAT IF APPOINTED, I WILL BE CONSIDERED AN "AT WILL" VOLUNTEER MEMBER OF THE KANE COUNTY OFFICE OF EMERGENCY MANAGEMENT, MEANING KANE COUNTY AND I HAVE THE RIGHT TO TERMINATE MY MEMBERSHIP AT ANY TIME WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE. I FURTHER UNDERSTAND THAT NEITHER THIS MEMBERSHIP APPLICATION NOR ANY OTHER KANE COUNTY POLICY, PERSONNEL POLICY HANDBOOK, PROCEDURE, RULE, PRACTICE, VERBAL OR EXPRESSED STATEMENT OR BENEFIT PROGRAM SHALL BE CONSTRUED AS EITHER AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT.

ALL PERSONS APPLYING TO BECOME A VOLUNTEER MEMBER OF THE KANE COUNTY OFFICE OF EMERGENCY MANAGEMENT SHALL BE REQUIRED TO SUBMIT TO A FINGERPRINT-BASED CRIMINAL HISTORY CHECK AS A CONDITION OF MEMBERSHIP. IF THE CRIMINAL HISTORY PROVIDED BY THE APPLICANT DOES NOT CONFORM TO THE INFORMATION OBTAINED THROUGH THE CRIMINAL HISTORY CHECK, THE APPLICANT WILL BE GIVEN AN OPPORTUNITY TO EXPLAIN ANY DIFFERENCES. IF A SATISFACTORY EXPLANATION IS NOT GIVEN, THE APPLICANT WILL NOT BE CONSIDERED FURTHER FOR APPOINTMENT.

ALL APPLICANTS ARE REQUIRED TO SUBMIT DRIVER'S LICENSE INFORMATION AND PROOF OF INSURANCE. KANE COUNTY WILL USE THIS INFORMATION TO OBTAIN AN ABSTRACT OF YOUR DRIVING HISTORY FROM THE ILLINOIS SECRETARY OF STATE OR DIVISION OF MOTOR VEHICLES FROM ANY OTHER STATE. A POOR DRIVING HISTORY MAY AFFECT YOUR ABILITY TO DRIVE A KANE COUNTY VEHICLE OR YOUR OWN PERSONAL VEHICLE ON AUTHORIZED KANE COUNTY BUSINESS.

Persons appointed to be a volunteer member of the Kane County Office of Emergency Management may be required to provide verification of information provided on this form. All appointees are subject to the successful completion of a 6 month probationary period and will not be released from probationary status until the criminal history check has been completed and evaluated. However, if operational needs require immediate appointment of personnel, an applicant may be appointed as a temporary member prior to the completion of the criminal history check. Such appointment will not constitute an offer for full membership nor will it create any right or expectation of continued membership.

Kane County does not discriminate and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for appointment on a basis prohibited by local, state or federal law.

I give Kane County the right and authorization to investigate all references and to secure additional information about me. In addition, I understand Kane County may request information from various federal, state and other agencies that maintain records concerning my criminal history. I authorize without reservation any party or agency contacted by Kane County to furnish the above-mentioned information. I further authorize on-going procurement of the above-mentioned information at any time, either during the time my application for volunteer membership is being considered or throughout the duration of my membership in the event I am appointed. I hereby release and hold harmless Kane County and its employees, representatives or agents from any and all liability for seeking such information and all other persons, corporations or organizations for furnishing such information.

By completing and submitting this application, I understand and agree any misstatement or omission of fact contained in this application will result in the immediate withdrawal of this application for consideration for volunteer membership, or shall be considered sufficient cause for immediate discharge. I further understand and agree if I decline to complete the criminal history record, including submission of an appropriate fingerprint sample, or to provide any required consent for a criminal history check, my application will be treated as immediately withdrawn, and I will not be considered further for membership.

In consideration of my volunteer membership I agree to conform to the rules and regulations, as amended from time to time, of Kane County. I acknowledge that I have read and understand all statements contained in this application, including the "At Will" and criminal history check and driver's license statements in CAPITAL print above, as evidenced by my signature below.

Signature:

Today's Date:

**Use the button above to submit this application via email.
This file must be saved to your computer.**

This application can also be submitted via U.S. Mail to:
Kane County Office of Emergency Management
719 S. Batavia Ave., Building C
Geneva, IL 60134