

KANE COUNTY Office of Emergency Management



APPLICATION FOR VOLUNTEER MEMBERSHIP

Submit to:

719 S. Batavia Ave, Bldg C
Geneva, Illinois 60134

Today's Date _____

Are you 18 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

This application is for: Field Responder Disaster Assistance Amateur Radio Search & Rescue

Personal Information

Name _____
Last First Middle

Address _____
Street Apt. City State Zip

Telephone: (____) _____ Cell #: (____) _____ Email: _____

Have you ever been arrested (other than a traffic ticket)? Yes No

List all arrest information: _____

Have you ever been convicted of any criminal offenses? 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 give the dates of your employment and reason you left. _____

Highest Level of Educational Attainment

GED High School Associates Degree Bachelors Degree Masters Degree Other _____

Military Service

Branch: Air Force Army Marines Navy Coast Guard Other _____
Circle One

Date Entered Service: _____ Date Discharged: _____

Type of Discharge: *(Please submit a copy of your DD214)*

Honorable General Other Than Honorable Bad Conduct Dishonorable
Check One

Please tell us about your professional license(s)

	<i>State</i>	<i>Expiration</i>	<i>License #</i>
Registered Nurse			
Licensed Practical Nurse			
Mental Health Professional			
Veterinarian			
Paramedic / EMT (circle one)			
Other (specify)			

FCC Amateur Radio License

Call	Class	Expiration Date

Skills and Qualifications

Please list any language(s), other than English, that you speak, read, or write and describe your skill level.

Please indicate your level of competence:

Computer Skills: Do not use Basic Regular computer use Extensive

Basic Microsoft computer applications (Word, Excel, Access) High Medium Low Never used

Summarize any additional skills, training, licenses or knowledge that you have.

Employment History

List current, last position and any other related experience:

Employer		Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities
			From	To	
Address					
Job Title					
Immediate Supervisor and Title					
Reason for Leaving					

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Character Related References

- Name _____ Phone # (____) _____

Address _____ Relationship _____
- Name _____ Phone # (____) _____

Address _____ Relationship _____

Please Read 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: _____ Date: _____