

# KANE COUNTY Office of Emergency Management



## APPLICATION FOR VOLUNTEER MEMBERSHIP

### Submit to:

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

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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

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.

Do you advocate, or have you ever been a member of any political party or organization that advocates the overthrow of the government of the United States or of this State by force or violence?  Yes  No

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 \_\_\_\_\_

**Please tell us about your professional license(s)**

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

**FCC Amateur Radio License**

<b>Call</b>	<b>Class</b>	<b>Expiration Date</b>

**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

**Employment History**

List current, last position and any other related experience:

Employer		Telephone	Dates Employed		Work Performed / 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 \_\_\_\_\_
- Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

**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: \_\_\_\_\_

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