

Kendall County Emergency Management Volunteer Application



Kendall County EMA
1102 Cornell Lane
Yorkville, IL 60560

Kendall County Emergency Management Agency does not discriminate against applicants, employees and/or volunteers on the basis of their race, color, religion, creed, ancestry, gender, pregnancy, national origin, age, disability, genetic information, marital, military or veteran status, sexual orientation, or any other basis prohibit by federal, state and/or local laws, regulations and ordinances. We are committed to complying with the Americans with Disabilities Act. If an applicant requires a reasonable accommodation for purposes of completing the job application process, please contact the Director of the Kendall County Emergency Management Agency.

(PLEASE PRINT)

Division(s) Applied For:

Management Division (Emergency Operations Center / Nuclear Planning & Response / Emergency Preparedness)

Emergency Services Division (Search & Rescue / Field & Disaster Operations)

Both Divisions

Search & Rescue Only

Last Name	First Name	Middle Name

Address	Street	City	State	Zip Code

Telephone Number(s) _____

Email Address _____

- If you are under 18 years of age, can you provide required proof of your eligibility to work/volunteer? Yes No
- Have you ever filed an volunteer or employment application with us before? Yes No
If Yes, give date _____
- Have you ever been employed with or volunteered with Kendall County before? Yes No
If Yes, give date _____
- Are you currently employed? Yes No
- May we contact your present employer? Yes No
- On what date would you be available to start volunteering? _____
- Are you a resident of Kendall County? Yes No
- Can you travel if the job requires it? Yes No
- Have you been convicted of a crime other than a traffic violation within the last 7 years? Yes No

*If yes, please explain _____

*You are not obligated to disclose sealed, expunged or impounded records of conviction or arrest pursuant to Section 12 of the Illinois Criminal Identification Act, 20 ILCS 2630/12. A "yes" answer will not disqualify an applicant for consideration for a position. Such information is only relevant in determining whether the conviction is directly related to the position for which you are applying.

Are you willing to be available nights, weekends or holidays in the event of a disaster or other emergency event?

Yes

No

Please indicate days and hours available to perform volunteer services:

Driving is an essential function of all volunteer position with KCEMA

Are you legally authorized to drive in the State of Illinois

Yes

No

Do you have a valid Commercial Driver's License (CDL)

Yes

No

Education:

What is the highest level of education you have attained?

GED High School Some College Associates Bachelors Masters

Field of study _____

Indicate any languages other than English you can speak, read and/or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities that may be relevant to EMA work.

List any special trainings or licenses you hold:

Do you own any specialized equipment? (4-wheel drive vehicle, snowmobile, ATV-UTV, boat, etc.)

EMPLOYMENT/VOLUNTEER EXPERIENCE

Please begin with current or most recent employer/volunteer experience. Do not exclude any employment or volunteer experience. Include any applicable temporary employment. Please explain any gaps in employment. Please note, you are not required to include prior employment that indicates race, color, religion, sex, etc.

Employer/Volunteer Organization			<u>Work Performed</u>	
Address				
Telephone Number(s)		Dates Employed		
		From	To	
Position Title	Supervisor			
Reason for Leaving			May KCEMA contact: Yes or No	

Employer/Volunteer Organization			<u>Work Performed</u>	
Address				
Telephone Number(s)		Dates Employed		
		From	To	
Position Title	Supervisor			
Reason for Leaving			May KCEMA contact: Yes or No	

Employer/Volunteer Organization			<u>Work Performed</u>	
Address				
Telephone Number(s)		Dates Employed		
		From	To	
Position Title	Supervisor			
Reason for Leaving			May KCEMA contact: Yes or No	

Employer/Volunteer Organization			<u>Work Performed</u>	
Address				
Telephone Number(s)		Dates Employed		
		From	To	
Position Title	Supervisor			
Reason for Leaving			May KCEMA contact: Yes or No	

If you need additional space, please continue on a separate sheet of paper.

REFERENCES- 2 of the 4 references must be professional references and none who are related to you.

NAME	ADDRESS	PHONE NUMBER

Former/Alias Names:		
Last Name:	First Name:	Middle Name:
Last Name:	First Name:	Middle Name:

APPLICANT STATEMENT

By signing my name below, I certify that all information I have provided on this application, in any other volunteer documents, and/or during my interview(s) in order to volunteer is true, complete, and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient and just cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from volunteer service, whenever it is discovered.

Kendall County Emergency Management Agency (KCEMA) is an equal opportunity agency. I understand that KCEMA does not discriminate against applicants, volunteers and/or employees on the basis of race, color, religion, gender, national origin, age, disability, veteran status, sexual orientation, pregnancy, marital status, ancestry, military status, genetic information and/or any other basis prohibited by federal, state and/or local laws, regulations and ordinances.

I understand that this application remains current for only one year from the date KCEMA receives my application. At the conclusion of that time, if I have not heard from KCEMA and still wish to be considered for a volunteer position, it will be necessary to reapply and complete a new application. I understand that certain information I provide to KCEMA during the application process may be provided to the public as required by the Illinois Freedom of Information Act.

All volunteer members of the KCEMA must submit to a background investigation as a condition of membership. A portion of this investigation may be performed by the Kendall County Sheriff's Office or the Kendall County Administration Office to determine eligibility for access to the Kendall County Public Safety Center as well as access and use of Kendall County and Kendall County Sheriff's Office equipment. Prior to commencing any volunteer training and/or service, the applicant will be required to complete a background check authorization form, be fingerprinted and provide all information necessary for the background check to be completed. Unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-volunteer screening will result in termination of any volunteer relationship with the KCEMA. By signing below, the applicant understands and agrees that all information furnished in this application may be verified by the KCEMA, the Kendall county Sheriff's Office and/or Kendall County. The applicant waives any right to be notified by any individuals and organizations named in this application prior to the release of any information the KCEMA, the Kendall County Sheriff's Office and/or Kendall County. The applicant further authorizes any and all schools, former employers, references, courts and any others who have information about the applicant to provide such information to the KCEMA, the Kendall County Sheriff's Office and/or Kendall County, and the applicant releases all parties involved from any and all liability for any and all claims and damages that may result from providing such information.

All volunteer members must submit Driver's License information, a photocopy of a valid Driver's License, and Proof of Insurance prior to commencing any volunteer services. Kendall County will use this information to determine eligibility to operate Kendall County owned vehicles or your own personal vehicle on authorized county business.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date: _____

* Please provide the name and phone number of the person completing this form is other than the applicant.