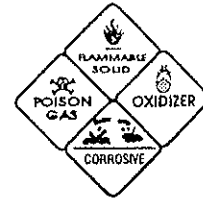


COMSU



Hazardous Materials



Severe Weather

# Licking County Emergency Management Agency

155 E. Main Street, Newark, Ohio 43055 • Office: (740) 349-6437 Fax: (740) 349-6442

## EMA Volunteer Data

### PERSONAL

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

*\*\*\*This information is requested only for identification card purposes*

Home Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Pager Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Medical Restrictions/Allergies: \_\_\_\_\_

As an adult, have you ever been convicted of a felony crime: yes \_\_\_\_\_ no \_\_\_\_\_

If yes, please state the nature and circumstances of the conviction: \_\_\_\_\_

\_\_\_\_\_

### EDUCATION

High School (did you graduate) – yes \_\_\_\_\_ no \_\_\_\_\_

Name of School \_\_\_\_\_

College (did you graduate) – yes \_\_\_\_\_ no \_\_\_\_\_ Major: \_\_\_\_\_

Name of School \_\_\_\_\_

Professional/Technical/Trade – Area of study: \_\_\_\_\_

Name of School \_\_\_\_\_

Military Training: number of years - \_\_\_\_\_ specialty area- \_\_\_\_\_

\_\_\_\_\_ Branch and rank - \_\_\_\_\_

**LIST QUALIFICATIONS/PREVIOUS EXPERIENCE IN EMERGENCIES OR DISASTERS** — *previous experience is NOT a requirement for becoming a volunteer.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

1) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

2) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

3) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**CERTIFICATION**

My signature below certifies that the information I have written in this document is true and accurate. And I understand that any false or misleading statements will result in my termination as a volunteer for the Licking County Emergency Management Agency.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE