



NORTH AURORA EMERGENCY MANAGEMENT AGENCY VOLUNTEER APPLICATION

The Village considers all applicants for employment without regard to race, color, religion, gender, age, national origin, political affiliation, ancestry, marital status, sexual orientation, handicap, disability, unfavorable discharge from military service, pregnancy, creed, veteran status or any other protected group status in accordance with federal, state and local laws. The Village also complies with the Americans with Disabilities Act (ADA) and will provide reasonable accommodations upon request and as required by law at all stages of the employment process. The Village is an equal opportunity employer.

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle) (Title - Mr. Ms. Dr. Other)

Previous name (if applicable): _____ Date of Birth: _____

Home address: _____
(Street) (City) (State) (Zip Code)

Home Phone: _____ Cell: _____ Other: _____

Personal email address: _____

EMPLOYMENT INFORMATION

You may include a resume or additional pages as needed. *If retired, please provide information for most recent position.*

Employer and Title: _____

Work Address: _____
(Street) (City) (State) (Zip Code)

Work Phone: _____ Retired: Yes No If yes, date of retirement: _____
(Circle one)

Work email address: _____

PROFESSIONAL LICENSURE, CERTIFICATION, SPECIALITIES, AND EXPERIENCE

(Use additional pages, if needed)

List all post high school education - indicate degree(s), where obtained and year: _____

Professional licenses and certifications, if applicable. For each, list the type, licensing agency, state issued by and expiration date. Please attach a copy of each license or certificate listed below.

- If your license or certification has been limited, revoked, suspended or placed on probationary status attach an explanation.

Describe any specialized training and/or credentials; include military and other technical training (CERT, CPR, first aid, disaster response, incident command, amateur radio, etc.) For each, list the type, certifying agency and expiration date, if applicable: _____

Bilingual? No _____ Yes _____ If yes, what is your second language? _____

(Include American Sign Language)

Your proficiency: **Speak:** Fair Good Excellent **Read:** Fair Good Excellent **Write:** Fair Good Excellent

(Circle one)

(Circle one)

(Circle one)

Illinois Drivers License Number: _____ **Expires:** _____

Describe any previous volunteer experience: _____

What motivates you to volunteer? _____

How did you find out about NAEMA? _____

CHARACTER REFERENCES

Please list the names of three people not related to you to be contacted for character references:

_____ (Name)	_____ (Address)	_____ (Phone)
_____ (Name)	_____ (Address)	_____ (Phone)
_____ (Name)	_____ (Address)	_____ (Phone)

LIABILITY, INSURANCE, BACKGROUND CHECK AND RELEASES

Credentials Check: I hereby consent to the disclosure, inspection and copying of information and documents relating to my licensure, certifications, credentials and qualifications for the purposes of evaluating this application.

Background Check: I authorize the North Aurora Police Department to conduct a background investigation; including a check of criminal records and other information that may be of a confidential or privileged nature.

Check any that apply. I have been () Arrested () Convicted of felony () Convicted of misdemeanor.

On a separate page, provide details related to any arrest (charges, dates of arrests, and disposition—excluding traffic tickets). I authorize the use of a copy, electronic/email submission or facsimile of this form to be considered the same as the original for the purposes of the background investigation or credentials check.

Release of Liability: I hereby request authorization to volunteer in the North Aurora Emergency Management Agency as an EMA Specialist. I understand that training and volunteer activities will involve physical activities, which include a risk of personal injury and/or personal property damage; and I make this request with full knowledge of these risks. I agree to hold the Village of North Aurora, North Aurora Police Department, North Aurora Emergency Management Agency, and their agents, volunteers and personnel, harmless from any and all claims, actions, suits and/or injury that may arise from my participation in the above mentioned programs.

Insurance: I certify that I am able to perform the volunteer assignment(s) that I am applying for, and will disclose any medical conditions that may affect my safety, the safety of others, or my ability to perform my duties. No insurance coverage is offered by the program(s). I am covered by the following health insurance: _____

At-Will Status: I agree to follow all procedures and safety rules, and to exercises reasonable care while participating in the volunteer program. I understand that I am an unpaid, at-will volunteer, without vested property rights in my position as a citizen volunteer and I may be administratively removed/released at any time without cause and without right of appeal. If I am released, all program identification cards and other equipment, clothing, etc. provided by the program must be surrendered immediately.

Photographs: I authorize the use of any photograph taken in connection with my participation in the program(s) without prior approval or compensation by local, state and/or national program representatives or their affiliates.

Contact Information: My phone numbers, email addresses and/or other contact information may be entered into record-keeping and automatic notification systems for program management and emergency call-out purposes.

In case of emergency, contact: _____
(Name) (Relationship)

(Address)

(Phone)

By executing this form, I certify that I have read this release in its entirety, understand all of its terms and have had any questions regarding the release or its effect answered. I understand that my submission of this form, whether mailed; or sent electronically via email or faxed, shall have the same force and effect as an original. I sign this release freely and voluntarily.

Signature: _____ Date: _____

Return Completed Application to:

Emergency Management Coordinator
200 S. Lincolnway, North Aurora, IL 60542
Phone (630) 897-8705 Fax (630) 897-8700



Office Use Only: Received: _____ Interviewed: _____ Fingerprints: _____ References: _____

Supervisor: _____ Credentials check: _____ Background check: _____ Approved: _____