

ADAMS COUNTY EMERGENCY MANAGEMENT AGENCY  
222 NORTH 52<sup>ND</sup> STREET • QUINCY IL 62305

VOLUNTEER APPLICATION

PERSONAL INFORMATION		
Last Name	First Name (middle initial)	
Address		
City	State	Zip Code
Date of Birth	Drivers License Number	
Home Phone	Cell Phone	
EMPLOYMENT INFORMATION		
Current Employer	Supervisor	
Address		
City	State	Zip Code
Work Phone		
Work Responsibilities		
Immediate Past Employer	Supervisor	
Work Responsibilities		
Past Employer	Supervisor	
Work Responsibilities		

**AGENCY INTEREST**

Division Applying For

**PROFESSIONAL LICENSES**

License

Number and State of Issue

License

Number and State of Issue

License

Number and State of Issue

**SKILLS & QUALIFICATIONS & APPLICABLE TRAINING**

**REFERENCES**

Name

Years Known

Phone Number

Relationship

Name

Years Known

Phone Number

Relationship

Name

Years Known

Phone Number

Relationship

**LEGAL**

Have you ever been convicted of any felony or misdemeanor other than minor traffic violations?

If yes, provide details

## Applicant Statement

I certify that the information I have provided in this application is true and complete to the best of my knowledge. I understand that if my answers are found to be untruthful, my application may be rejected, or if I am already a member of the Adams County Emergency Management Agency, any falsifications or misrepresentations on this application may be grounds for dismissal from the membership. I also certify that I am 18 years of age or older, and am a legal United States citizen.

I understand that the Adams County Emergency Management Agency performs criminal background checks, personal reference checks, and driving record checks on applicants prior to acceptance of membership, and I release the information contained in this application authorizing the Adams County Emergency Management Agency to proceed with and receive information from the background check, and that all such information collected during the check will be kept confidential.

I further understand that I do not have to agree to these background checks, but refusal to do so may exclude me from consideration for some types of volunteer positions.

---

Signature of Applicant

---

Date

AGENCY USE ONLY			
Interview Date	Interviewer		
Date Background Check Completed	Completed by		
Division Placement	Agreement on File	IEMA oath	Drivers License