## **BEE COUNTY EMERGENCY MANAGEMENT**

## Disaster Assistance Volunteers (DAV) Volunteer Application

Personal informa	ationPlease PRINT LE	GIBLY and complete	e all information. I	would like to volunteer v	vith:
Food Distrib	oution Evacuati	ion Team D	onation manageme	ent team Shelte	r Team
Emergency	Operations Center Team	Other			
	ces health care provider sed mental health provide		e(MD,Pharmacist,R sychologist,Psychia		
Name: (Last)		(First)		(Middle)	
Address: (Please	e provide rural 911 addre	ss)			
		Addres	SS	City/Town	Zip
Phone:	Home	Work	Cell		Pager
- " "		WOIK			i agei
Email (Home)			(Work)		
Occupation:			Employer		
read (specify whic	lls/training/abilities you belie h languages), sign language edge/skills, food service skill	e, (ASL, other), TTY/TD	D, computer skills, co	onstruction skills, commun	
Drivers License	#	State:		Expiration	
Emergency Notif	ication:	Name		Relationship	Phone
Volunteer Requirements and Responsibilities  1 Submit complete application form and copy of Drivers Licenseor ID card  2 Be at least 18 years of age  3 Hold a current valid drivers license or ID card  4 Have no felony convictions Drug related, Sexual or Family Violence Offenses  5 Participate in all required training sessions  6 Comply with worker/volunteer standards established by the Local Emergency Planning Committee  7 Notify the Emergency Management Coordinator, in writing, when terminating volunteer status  8 Be available on short-term notice  I understand:  * That any information I have provided in this application may be disclosed to and used by the Local Emergency Management Coordinator for planning purposes and volunteer assignment Only  * That in the case of emergency or disaster, I may be contacted at any time (day or night)  * A background check may be conducted on volunteer applicants for the protection of the general public.  * I understand that a felony conviction for D.W.I, drug related, sexual or family violence offenses of any degree, will					
dis dis	erstand that a felolity con- iqualify me from participating qualified for other reasons a erstand the listed requirements, ication. I hereby authorize the	g as a volunteer in the E at the descretion of the \footnote{\text{responsibilities}, and inform}	See County Emergen Volunteer Committee  nation. I attest to the ac	cy Management frameword curacy of the information I ha	k. I may be
Signature			Date:	Received b	ру
Revised 9-26-08					