

**APPLICATION FOR MEMBERSHIP**  
**McKinley County Emergency Management Volunteers**

(NOTE: Complete all sections that apply, mark any section that does not apply "N/A". Please TYPE or PRINT)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City State Zip

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Employed by: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Recommended for Membership by: \_\_\_\_\_

Previous Volunteer or Related Experience: \_\_\_\_\_  
\_\_\_\_\_

List type and date of any traffic citations within the past five (5) years: \_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of a crime in the past ten (10) years, excluding misdemeanors & summary offences, which has not been annulled, expunged, or sealed by a court? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes please describe in full: \_\_\_\_\_  
\_\_\_\_\_

Do you have any limitations which will preclude you from performing volunteer duties? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_  
Name Relationship Phone  
Address City State Zip

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**AGREEMENT**

- I understand that I may be asked to pass a physical examination by a registered Physician and an agility test.
- I understand I am responsible for providing a letter from my employer releasing me for volunteer duties.
- I certify that answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for membership as may be necessary.
- I understand that this application is not intended to be a contract of employment.
- I understand that false or misleading information given in my application or interview may disqualify me from consideration and/or may result in termination of membership.
- I understand also that I am required to abide by rules and regulations of the McKinley County policy pertaining to volunteering.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*\*If under the age of 18 a parent/guardian must sign:*

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*

(For Official Use Only)

Interviewing Committee Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reviewing Officer's Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant Accepted: \_\_\_\_\_ Applicant NOT Accepted: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewing Officer