



Flagler County Emergency Management Volunteer

1769 East Moody Boulevard, #3
Bunnell, Florida 32110
(386) 313-4200 www.flagleremergency.com



VOLUNTEER APPLICATION

Last Name _____ First Name _____ Initial _____ Current Florida Driver's License # _____

Home Address _____ City _____ Zip _____

Mailing Address (If different from above) _____ City _____ Zip _____

- | | | | |
|-------------------------------|--------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Home | <input type="checkbox"/> Cell | <input type="checkbox"/> Home | <input type="checkbox"/> Cell |
| <input type="checkbox"/> Work | <input type="checkbox"/> Pager | <input type="checkbox"/> Work | <input type="checkbox"/> Pager |

Primary Contact Number _____ Secondary Contact Number _____

- Full time Florida Resident? Yes No
 Currently Employed? Full Time Part Time Not Employed

Date of Birth _____

Email Address _____

EMERGENCY CONTACT INFORMATION

Name: _____

Address: _____

City, State Zip: _____

Phone #: _____ Relationship _____

SKILLS

- | | |
|---------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Call Center | <input type="checkbox"/> Medical (Dr -Active/Retired) |
| <input type="checkbox"/> Casework/Social Services | <input type="checkbox"/> Medical (EMT) |
| <input type="checkbox"/> Children (Formal Training) | <input type="checkbox"/> Medical (LPN/CNA/RN) |
| <input type="checkbox"/> Critical Incident Stress Mgmt. | <input type="checkbox"/> Medical (Other) |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Moving Disabled or Elderly |
| <input type="checkbox"/> Computer Literate | <input type="checkbox"/> Office Clerical |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Pastoral Care |
| <input type="checkbox"/> Donations Distribution | <input type="checkbox"/> Personnel Management |
| <input type="checkbox"/> First Responder Trained | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Food Services | <input type="checkbox"/> Vet Tech |
| <input type="checkbox"/> Heavy Lifting (>30 lbs.) | <input type="checkbox"/> Veterinarian |
| <input type="checkbox"/> Laborer | <input type="checkbox"/> Volunteer Management |
| <input type="checkbox"/> Logistical Support | <input type="checkbox"/> Other _____ |

DISASTER RELATED TRAINING/CERTIFICATIONS

- | | | |
|------------------------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Call Center | <input type="checkbox"/> IS-100 | <input type="checkbox"/> IS-288 |
| <input type="checkbox"/> CERT | <input type="checkbox"/> IS-200 | <input type="checkbox"/> IS-300 |
| <input type="checkbox"/> CPR | <input type="checkbox"/> IS-230 | <input type="checkbox"/> IS-400 |
| <input type="checkbox"/> FACT | <input type="checkbox"/> IS-235 | <input type="checkbox"/> IS-700 |
| <input type="checkbox"/> Landing Zone | <input type="checkbox"/> IS-240 | <input type="checkbox"/> IS-701 |
| <input type="checkbox"/> Red Cross | <input type="checkbox"/> IS-241 | <input type="checkbox"/> IS-703 |
| <input type="checkbox"/> Search & Rescue | <input type="checkbox"/> IS-242 | <input type="checkbox"/> IS-800 |
| <input type="checkbox"/> Shelter Operations | <input type="checkbox"/> IS-244 | |
| <input type="checkbox"/> Ham Radio Call _____ | | |
| <input type="checkbox"/> GMRS Radio Call _____ | | |

EXPERIENCE

Do you have volunteer experience? Yes No
 If yes, how many years? _____
 What Organization? _____

Have you ever been convicted of a felony? Yes No

If yes, please specify what type of crime and location: _____

I have read and understand the Flagler County Emergency Management Disaster Volunteers Standard Operating Procedures. Signature below acknowledges I agree to abide by all terms and conditions established by these procedures and all of the above statements are true to the best of my knowledge. I understand if I am accepted as a volunteer any false statements, omissions, or other misrepresentations made by me on this application may result in an immediate dismissal. I understand photos or videos may be taken and used by Flagler County for promotional/training purposes. Additionally, I understand the information contained within this document is subject to public record laws pursuant under Florida Statute, Chapter 119.01, the "Sunshine" law. Signature also authorizes Flagler County to conduct a background check and/or drug screening on me as required.

Signature _____ Date _____