



Medina County Office of Emergency Management & Homeland Security

Volunteer Application

Name: _____

Position: _____

All information will be treated confidentially to the extent permitted by law. Please answer all questions as completely as possible.

Registration on the Ohio Responds database requires volunteers to be no less than 18 years of age on the day of the volunteer application. Can you meet that requirement? (circle) Yes or No

We are very interested in the areas in which you are skilled and knowledgeable. Please rate the skills that apply to you by placing a checkmark in the appropriate box.			
Skill	Minimal	Good/ Satisfactory	Above Average/ Expert
Accounting			
Completing Forms 1 on 1 (registration)			
Communications (telephone, radios)			
Building Maintenance			
Computer Networking			
Data Entry/ Typing			
Digital Graphics (Acrobat, Photoshop)			
Directing People Traffic			
Directing Vehicle Traffic			
Event Planning			
Food Service Preparation (for groups)			
Foreign Language (please specify)			
Medical Training			
Organizational Skills			
Photography			
Public Speaking			
Receptionist/Clerical			
Scheduling			
Sign Language			
Supervision/Management/ Leadership			
Caregiving (Child, Older Adult)			
Television/Video Programming			
Volunteer Management			
Animal Handling			
Building Trades			
Agriculture			
Industry			
Job Training/ Instruction			
Logistics/ Distribution			

1. What skills/ qualities are you most interested in contributing as a volunteer? Is there anything that you do not want to do?

2. Are there any skills, trainings, or certifications that you would like to obtain as a volunteer?

3. Is there any other information that would assist us with your placement as a volunteer?

Personal Information

Last Name:			First Name:			Middle Initial:					
Address:						City:					
State:		Zip:		Email:							
Home Phone:				Business Phone:				Cell Phone:			
Do you accept text messages? Y or N				Other:				Other:			

Emergency Contact

Name:						Relationship:					
Complete Address:											
Day Phone:				Evening Phone:				Night Phone:			
Cell Phone:				Email:				Other:			

Availability (please circle all that apply)

Days:	Mon, Tues, Wed, Thurs, Fri, Sat, Sun											
Times:	Morning 6am-12pm			Afternoon 12pm-6pm			Evening 6pm-12am			Nights 12am-6am		

Would you be able to assist in preparedness activities/ projects: Y or N

Time Commitment

How much time do you feel you want to commit to volunteering?

_____ times per week	_____ times per month
_____ time per year	Other (specify) _____

Licenses (Driver and Professional)

Type:	State: OHIO	Number:	Expiration Date:
Type:	State: OHIO	Number:	Expiration Date:
Type:	State: OHIO	Number:	Expiration Date:

Space Intentionally Left Blank

Education

Including technical school, business school, professional school, college and universities

School Name and Location	Major Area(s) of Study	Type of Degree or Certificate

Training and Other Qualifications

Do not include coursework already described above

Subject of Title of Training	Organization	Length of Training

Experience

In the areas below, please list your past experience beginning with your most recent. Military experience and volunteer work may also be included. Please attach additional sheets if necessary.

From: (month/day/year)	To: (month/day/year)
Employer:	
Address:	
City, State, Zip:	
Reason for Leaving:	
Job Title:	
Job Duties:	
From: (month/day/year)	To: (month/day/year)
Employer:	
Address:	
City, State, Zip:	
Reason for Leaving:	
Job Title:	

Job Duties:	
From: (month/day/year)	To: (month/day/year)
Employer:	
Address:	
City, State, Zip:	
Reason for Leaving:	
Job Title:	
Job Duties:	
From: (month/day/year)	To: (month/ day/ year)
Employer:	
Address:	
City, State, Zip:	
Reason for Leaving:	
Job Title:	
Job Duties:	
From: (month/day/year)	To: (month/ day/ year)
Employer:	
Address:	
City, State, Zip:	
Reason for Leaving:	
Job Title:	
Job Duties:	

CERTIFICATION

I understand that any misrepresentation, deception, or false statement made in this Volunteer Application may result in my not being considered, and if not discovered until after being accepted, is grounds for, and may result in, my immediate termination.

I understand that I am applying for an unpaid volunteer position.

I understand that I will be required to complete a criminal records background check as a condition of employment as a volunteer. By submitting this Volunteer Application, I hereby consent to a criminal records background check.

Medina County is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Signature: _____ **Date:** _____