

**APPLICATION FOR VOLUNTEER MEMBERSHIP TO  
McHENRY COUNTY EMERGENCY MANAGEMENT AGENCY**

2200 N. Seminary Ave., Woodstock, IL 60098 – Tx 815-338-6400 – Fx 815-334-4634

PLEASE PRINT & USE BLACK INK

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DATE: \_\_\_\_\_

1. Name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_  
Last First M.
2. Social Sec. Numb. \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Height \_\_\_\_ Weight \_\_\_\_ Hair \_\_\_\_ Eyes \_\_\_\_
3. Home Tx \_\_\_\_ - \_\_\_\_ - \_\_\_\_ E-mail Address \_\_\_\_\_
4. Cell Tx \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell Provider \_\_\_\_\_
5. Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_ Township \_\_\_\_\_  
Mailing \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_
6. Length of time at above address \_\_\_\_ Marital status \_\_\_\_ Ages of Children \_\_\_\_\_
7. Your Employer \_\_\_\_\_ Phone/Ext. \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Nature of Work \_\_\_\_\_ Work Hours \_\_\_\_\_
8. Husband, Wife/Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone Day \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_  
Phone Night \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_
9. Do you hold a valid Driver's License? Yes \_\_\_\_ No \_\_\_\_ CDL Yes \_\_\_\_ Endorsements \_\_\_\_\_  
DL#/ \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_
10. Have you ever been convicted of a felony? Yes \_\_\_\_ No \_\_\_\_ if YES explain on extra sheet of paper...
11. Do you have any physical or mental impairments that would not allow you to fully participate as a volunteer?  
Yes \_\_\_\_ No \_\_\_\_ If YES, explain: \_\_\_\_\_
12. List all skills you possess that would be of value to EMA work: \_\_\_\_\_  
\_\_\_\_\_

13. Do you speak a foreign language? If so, which? \_\_\_\_\_ Fluent? YES \_\_\_\_\_ NO \_\_\_\_\_

14. Do you have any specialized equipment? (4-wheel drive vehicle, snowmobile, etc.)  
\_\_\_\_\_

15. I would like to be assigned to 1. \_\_\_\_\_ Primary Division

2. \_\_\_\_\_ Secondary Division

3. \_\_\_\_\_ Other

16. If you are a HAM RADIO OPERATOR please state your call signs \_\_\_\_\_

17. Referred by \_\_\_\_\_

**NOTE: Any person completing this Application is subject to a criminal history/reference check.**

I understand and agree any misstatement or omission of fact contained in this application will result in the immediate withdrawal of this application for consideration for volunteer membership, or shall be considered sufficient cause for immediate discharge. I acknowledge that I have read and understand all statements contained in this application as evidenced by my signature below.

Date \_\_\_\_\_ Signature \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

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Approved by Director \_\_\_\_\_ DATE \_\_\_\_\_

Approved by Division Manager \_\_\_\_\_ DATE \_\_\_\_\_

Membership Card Number \_\_\_\_\_ Issue Date \_\_\_\_\_