**Massac County Emergency Management Agency**

Mission Statement

The mission of the Massac County Emergency Management Agency is to provide the citizens and the entities of Massac County, a system of emergency management that coordinates community resources in an effort to protect lives, property, and the environment through preparedness, protection, response, mitigation, and recovery from all natural, man-made and terrorist hazards that may impact the citizens of Massac County, the State of Illinois, and or the United States of America.

Vision Statement

The goal of the Massac County Emergency Management Agency is to promote an atmosphere of preparedness and response through a combined effort of education of the public, interagency, cooperation, and fostering a relationship with public and private businesses and organizations to promote preparedness, protection, response, mitigation, and recovery in regard to all hazards.

**Application**

**Massac County Emergency Management Agency**

**1 Superman Square Room 1B, Metropolis, Il 62960**

Massac County Emergency Management Agency is an equal opportunity agency. This application will not be used for limiting or excluding any applicant from consideration for volunteer status on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact an agency representative.

**Volunteer Position**

**Position(s) applying for:** Unpaid Volunteer

Please fill out all of the sections below:

**Application Information:**

**Applicant Name:**

**Address:**

**City, State, and Zip Code:**

**Cell Phone:**

**Email Address:**

**Date of Application:**

**How did you hear about this position?**

**What days are you available for assignment?**

**What hours of shifts are you available for assignment?**

**Do you have reliable transportation to and from assignment?**

**Personal Information:**

**Have you ever applied to or worked for Massac County Emergency Management Agency? (Or under the name of ESDA)**

**If yes, when?**

**Do you have any friends, relatives, or acquaintances working for Massac County Emergency Management Agency?**

**If yes, state name and relationship:**

**Are you 18 years or older?**

**Do you possess a valid driver’s license?**

**If yes, provide state of issuance, license number, classification, and expiration date?**

**Will you consent to a mandatory controlled substance test?**

**Do you have any condition which would require job accommodations?**

**Have you ever been convicted of a criminal offense (felony or misdemeanor)?**

**If yes, please state the nature of the crimes(s), when and where convicted and disposition of the case:**

**Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note; Massac County Emergency Management Agency complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/volunteers to preform essential functions.)

**Education and Training**

**High School**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Location (City, State)** | **Year Graduated** | **Degree Earned** |
|  |  |  |  |
|  |  |  |  |

**College/University**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Location (City, State)** | **Year Graduated** | **Degree Earned** |
|  |  |  |  |
|  |  |  |  |

**Vocational School/Specialized Training**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Location (City, State)** | **Year Graduated** | **Degree Earned** |
|  |  |  |  |
|  |  |  |  |

**Military:**

**Are you a member of the Armed Services?**

**What branch of the military did you enlisted?**

**What was your military rank when discharged?**

**How many years did you serve in the military?**

**What military skills do you possess that would be an asset for this position?**

**Employment:**

**Employer Name:**

**Job Title:**

**Supervisor Name:**

**Employer Address:**

**City, State and Zip Code:**

**Employer Telephone:**

**Dates Employed:**

**Reason for leaving:**

**Employment:**

**Employer Name:**

**Job Title:**

**Supervisor Name:**

**Employer Address:**

**City, State and Zip Code:**

**Employer Telephone:**

**Dates Employed:**

**Reason for leaving:**

**References**

**Please provide 3 personal and professional reference(s) below:**

|  |  |
| --- | --- |
| **Reference** | **Contact Information** |
|  |  |
|  |  |
|  |  |

**Additional Information:**

Please list all NIMS, IEMA, FEMA, and ICS Training.

Please list areas of specialized training in which you are particularly interested.

**Please mark any specialized experience:**

**\_\_Ham Radio Operation \_\_Damage Assessment Team**

**\_\_Spontaneous Volunteer Organizing \_\_Incident Command Staffing**

**\_\_Donation Inventory and Tracking \_\_Logistical Support Operations**

**\_\_Drone Operations \_\_Search and Rescue Operations**

**\_\_Chainsaw Operations**

**AT-WILL VOLUNTEER**

The relationship between you and the Massac County Emergency Management Agency is referred to as “volunteer at will.” This means that your position can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Massac County Emergency Management Agency. No representative of Massac County Emergency Management Agency has authority to enter into any agreement contrary to the foregoing “volunteers at will” relationship with the exception of the Massac County Board Commissioners or the Coordinator of the Agency.

I further understand that omissions and deceptive answers on this application can result in the denial of the opportunity to work as a volunteer for this agency.

I further understand that my signature authorizes the Massac County E.M.A. or any agent thereof, to conduct a background check including but not limited to criminal history and driving records, and to contact previous employers, schools, references, and other sources of information to determine my suitability for selection and assignment as volunteer.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_