

Chatham Emergency Management Agency (CEMA)

## **New Volunteer Application**

116 E. Mulberry, Chatham, IL 62629

Applicant information					
(Must be 18 years of age	e to apply)				
Name:					
D.O.B:	Driver's License Number:	State:			
Employer/Department:					
Work Address:	Phone: ( )				
City:	_ State: Zip: Fax: ( )				
Email Address:					
Home Address:	Phone: ( )				
City:	State: Zip: Cell Phone: ( )				
Email Address:					
Have you been convicted of a felony?					

NIMS/ICS Training or other Emergency Management: (Check all that apply)

Course	Course	Course
ICS 700	ICS 300	Storm Spotter
ICS 800	ICS 400	Search & Rescue
ICS 100	Damage Assessment	CERT
ICS 200	Ham Radio	Other: Specify

## **Applicant Statement**

I certify that the information I have provided in this application is true and complete to the best of my knowledge. I understand that if my answers are found to be untruthful, my application may be rejected, or if I am already a member of the Chatham Emergency Management Agency, any falsifications or misrepresentations on this application may be grounds for dismissal from the membership. I also certify that I am 18 years of age or older, and am a legal United States citizen.

I understand that the Chatham Emergency Management Agency performs criminal background checks, personal reference checks, and driving record checks on applicants prior to acceptance of membership, and I release the information contained in this application authorizing the Chatham Emergency Management Agency to proceed with and receive information from the background check, and that all such information collected during the check will be kept confidential.

I further understand that I do not have to agree to these background checks, but refusal to do so may exclude me from consideration for some types of volunteer positions.

Signature of Applicant			
Date			

	AGENCY USE ONLY		
Interview Date	Interviewer		
Date Background Check Completed	Completed By		
Division Placement	Agreement on File	IEMA Oath	Driver's License