



ROSELLE FIRE DEPARTMENT

100 EAST MAPLE AVENUE, ROSELLE, ILLINOIS 60172

EMERGENCY MANAGEMENT AGENCY

Volunteer Application

Date Submitted _____

Name _____ Are you over 18 years of age? Yes No

Address _____

City _____ State _____ Zip _____

Telephone (Day) _____ Telephone (Evening) _____

E-Mail Address _____

Driver's License Number _____ State Issued _____

Education (Circle Highest Grade Completed)

High School 1 2 3 4 College 1 2 3 4 5 6 7 8

Other (Explain) _____

Degrees/Certificates Earned

ADMINISTRATION (630) 671-2841 • FIRE PREVENTION (630) 671-2842 • FAX (630) 980-8926

DEDICATED SERVICE TO THE COMMUNITY SINCE 1905

Current Employer

Address

City

State

Zip

Telephone

Title

May we contact your employer for a reference?

Yes

No

How did you hear about the Emergency Management Agency program?

Areas of Interest:

Personal interests and/or special talents:

Tell us a little bit about yourself. Your friends or associates would describe you as:

Please list any volunteer experience, community activities, training workshops, internships, and special areas of study or research:

AVAILABILITY: Please mark an X in the box(es) on the calendar below for shifts you will regularly be available:

	<u>SUN</u>	<u>MON</u>	<u>TUES</u>	<u>WEDS</u>	<u>THURS</u>	<u>FRI</u>	<u>SAT</u>
Morning 7am-11am							
Afternoon 11am-3pm							
Evening 3pm – 7pm							
Night 7pm – 7am							

PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS:

Are you willing to volunteer a minimum of two shifts per month (approximately 8 hours), with a one year commitment?

YES NO

Are you able to work extra shift and come in on short notice?

YES NO

Have you ever been a victim of a crime?

YES NO

If marked YES please explain: _____

Have you ever been convicted of a crime?

YES NO

If marked YES please explain: _____

Have you ever worked, or are working, for a fire department, police department or another emergency management agency?

YES NO

If marked YES please explain: _____

Please return this application to:

ROSELLE FIRE DEPARTMENT

100 East Maple Avenue

Roselle, Illinois 60172

Fax: 630-980-8926

EMERGENCY MANAGEMENT AGENCY

NON DISCLOSURE AGREEMENT

I understand that:

1. As a result of my volunteering with the Roselle Fire Department and my association with the Fire Department, I may be the recipient of information which in itself, or by my implication, is confidential or sensitive. This information may include details contained in fire department emergency response systems, manual or automated, and accessed by the Roselle Fire Department.
2. I will be responsible for not disclosing such information by any means except in accordance with Roselle Fire Department regulations. I am responsible for the safekeeping of such information, documents, and material in the facilities and in the manner approved by the Roselle Fire Department and for the handling of such information, material and documents so as to prevent their disclosure to unauthorized persons.
3. I have a personal and individual responsibility for the protection of all such information, documents and material in my possession no matter how acquired.
4. After termination of my volunteer status, I am not to disclose to anyone any confidential or sensitive information, documents or material of any kind obtained by me as a result of my volunteering with the Fire Department without the authorization of the Fire Chief.
5. I have not been convicted of a felony, and have not and will not be involved in serious criminal activity. I will not associate with persons having a criminal history during my period of being a volunteer with the Fire Department, as stated in the Rules of Conduct of the Roselle Fire Department.
6. If a breach of any provision of this agreement occurs, it may result in disciplinary action, if appropriate, by the Roselle Fire Department Fire Chief. I am aware that the signing of the Non-Disclosure Agreement is a condition of my participation as a volunteer with the Roselle Fire Department.

Printed Name

Signature

Date

Witnessed

Date

EMERGENCY MANAGEMENT AGENCY
AUTHORIZATION TO RELEASE INFORMATION

TO: Any Doctor, Physician, Psychologist, Psychiatrist, Dentist, Hospital, Nursing Home, or Medical Association;

The US Armed Forces, Maritime Service, Veterans Administration, Selective Service Administration;

Any Academic Dean, Registrar, Principal, Guidance Counselor or authorized person at any school, College, University, Business School, Trade School, Elementary or High School.

Any local, State or Federal Law Enforcement Agency; any past or present employer; any Credit Bureau or Retail Merchants Association; any insurance company.

I, _____, have applied for a volunteer opportunity with the Roselle Fire Department / Emergency Management Agency.

I am aware that my entire background will be thoroughly investigated and I hereby authorize and request the release of any and all information you may have that concerns me, including academic transcripts and disciplinary matters, to a representative of the Roselle Fire Department. This Authorization or reproduction thereof shall be valid for one year from the date of execution of this document.

Date of Birth _____ Place of Birth _____

Social Security Number _____ Selective Service Number _____

Driver's License Number _____ State _____ Expiration _____

Maiden Name _____

Veteran's Administration File Number _____

Armed Forces Membership _____ Service Number _____

Given under my hand, this _____ day of _____, 20____.

Signature _____

Current Address _____

City _____ State _____ Zip _____