



York County Emergency Management Agency  
149 Jordan Springs Road  
Alfred, Maine 04002  
(207) 324-1578  
(207) 324-4997 Fax



## APPLICATION FOR VOLUNTEER SERVICE

Applications are considered on the basis of ability, competence, and experience. It is a fundamental policy of York County Emergency Management Agency not to discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, national origin, ancestry, age, pregnancy, disability, status as a veteran, disabled veteran, or any other category protected by an applicable federal, state, or local law.

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State Zip

Telephone: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Have you been convicted of any violations of any state or federal criminal law or code within the last 10 years?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you able to perform the essential and marginal functions of the job applied for with or without reasonable accommodation? \_\_\_\_\_  
\_\_\_\_\_

What volunteer position are you interested in?  
\_\_\_\_\_  
\_\_\_\_\_

How did you find out about us?  
\_\_\_\_\_  
\_\_\_\_\_

Would you be willing to deploy to an event anywhere in Maine?  Yes  No, but would be willing to travel \_\_\_\_\_ miles from York County.

**EDUCATION AND TRAINING**

**Last year of education (select one from dropdown list):**

**Name of school** \_\_\_\_\_ **Degree:** \_\_\_\_\_ **Year:** \_\_\_\_\_  
**Name of school** \_\_\_\_\_ **Degree:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Are you currently employed:**  Yes  No

**Name of employer:** \_\_\_\_\_

**Describe special skills, training certifications, experience, and knowledge relevant to emergency management and response:**

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**Have you ever deployed to a disaster?**

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**Have you ever been involved in a large-scale operation?**

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**Is there anything else you would like us to know?**

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**EMERGENCY CONTACT INFORMATION**

**Name:** \_\_\_\_\_  
                            Last                              First                              MI

**Address:** \_\_\_\_\_  
                            Street                              City                              State                              Zip

**Telephone:** (\_\_\_\_) \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

**List any allergies or medical conditions that we should be aware of:**

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**I, \_\_\_\_\_, hereby certify that the facts set forth above in my application are true and complete to the best of my knowledge. I understand that, based on the completion of this volunteer application, the screening process, and any available volunteer training and orientation, York County Emergency Management Agency reserves the right to determine who will be approved as a volunteer. During an event, volunteers will be deployed at the discretion of York County Emergency Management Agency.**

**I understand that volunteering with York County Emergency Management Agency will require travel to an event and may require working in potentially hazardous environments and I am voluntarily participating in these activities with full knowledge of the dangers involved and hereby agree to accept any and all risks of injury or death. I understand that I am not obligated, if called upon, to participate in any response.**

**While volunteering with York County Emergency Management Agency, I am expected to abide by the organization's policies and code of conduct, always modeling the highest professional standards. I agree to abide by the authority of York County Emergency Management Agency and to follow all reasonable instructions while participating under their leadership.**

**I have carefully read this agreement and fully understand its content.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Date**

**YORK COUNTY EMERGENCY MANAGEMENT AGENCY**

149 Jordan Springs Road

Alfred, ME 04002

Tel: 207-324-1578

**AUTHORIZATION FOR RELEASE OF INFORMATION  
AND RELEASE AND WAIVER OF CLAIMS**

**I hereby authorize York County Emergency Management Agency, its agents and/or employees access to any relevant information concerning my criminal history records for the State of Maine. By making this request, I hereby release the state from any and all claims and liabilities of any kind, arising from compliance with this request.**

Name: \_\_\_\_\_  
                        Last  First  MI

Former name (or aliases): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Operator's license number: \_\_\_\_\_

State: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Date**