



PLAINFIELD EMERGENCY MANAGEMENT AGENCY Volunteer Application

Full Name: _____, _____, _____
Last First Middle

Current Address: _____ Telephone: () _____
Street Apt # City/State

Social Security #: ____ / ____ / _____ Cell Phone: () _____

At Current Address Since (date): _____ Email Address: _____

How were referred to PEMA? _____

Do you have a valid Driver's License? Yes No

License # _____ State: ____ Expiration Date: _____

Military Service? Yes No

If "Yes", Branch of Service: _____ Type of Discharge: _____

Dates of Service: From: _____ To: _____ Specialty: _____ Rank: _____

Do you have a complete DD214? Yes No

Date of Birth: _____ Place of Birth: _____

Country of Citizenship: _____ Corrective Eyewear: Yes No

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Do you have any physical condition that would prevent you from doing basic manual labor (i.e. sandbagging, traffic control, etc.) ? Yes No If yes, please describe: _____

Level of Education (provide copy of diplomas if applicable):

- | | | |
|---|----------------|--------|
| <input type="checkbox"/> High School | _____ | _____ |
| | Name of School | |
| <input type="checkbox"/> Some College | _____ | _____ |
| | Name of School | |
| <input type="checkbox"/> Associate's Degree | _____ | _____ |
| | Name of School | Degree |
| <input type="checkbox"/> Bachelor's Degree | _____ | _____ |
| | Name of School | Degree |
| <input type="checkbox"/> Master's Degree | _____ | _____ |
| | Name of School | Degree |

Other training, classes, education, qualifications, etc. (List all classes and dates attended; provide copy of certs)



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Personal Background Information:

Have you ever been arrested or convicted of a crime? Yes No
If yes, please indicate circumstances and disposition on a separate sheet of paper.

Have you ever tried or possessed non-prescribed narcotics of any kind? Yes No
If yes, please describe:

References:

Name	Address	Phone	Yrs Known

Emergency Contact: _____ Phone: () _____

Having read all information on the front page, I attest that all information provided in this application to be true to the best of my knowledge. I further understand that I must pass a background check regarding my driving and criminal records.

Signature Date

Approved Not Approved

Date: _____

Initials: _____