



EMA

Emergency Management Agency/911

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Volunteer EMA Application

Name (First, Middle Initial, Last): _____

Date of Birth: _____ Sex: M F

Home Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Provider: ATT Verizon Other) _____

Do you text? Yes No Do you email? Yes No

Email Address: _____

Amateur Radio Operator: Yes No ARES: Yes No Call Sign: _____

Are you a legal citizen of the U.S.?: Yes No Other: _____

Do you have a valid Driver's License? Yes No / CDL Yes No Class: _____

DL Number: _____ Expiration Date: _____

Social Media Utilized: Facebook Twitter Snapchat Other _____

Employed: Full Time Part Time Self Employed Retired Other _____

Occupation: _____ Work Hours: _____

Have you ever served in the Military? Yes No If yes, are you currently active? Yes No

Branch of service: _____

Mission of service/duty in the military? _____

Public Safety and/or Volunteer Agencies you are currently active with now such as:
Missions/Ministry, EMS, Fire, Police, Red Cross, etc. (If yes, your current Unit Number: _____)

Prior certifications, licensures or training that could help you perform your role as an Emergency Management Volunteer.

- Amateur Radio Tech or General C.E.R.T. C.P.R./First Aid
- Dive (type: _____) Drone Part 107 EMT
- Firefighter (type: _____) Ground Search (16hr) Hazmat (type: _____)
- Lost Person Behavior Registered Nurse Weather Spotter
- Other: _____

EMA Operational Areas of Interest: *(Check all that apply)*

- | | | |
|--|--|--|
| <input type="checkbox"/> Animal Control Management | <input type="checkbox"/> Communications ARES/HAM | <input type="checkbox"/> Damage Assessment |
| <input type="checkbox"/> Debris Management | <input type="checkbox"/> Donations Management | <input type="checkbox"/> Drone Team |
| <input type="checkbox"/> Emergency Ops Center | <input type="checkbox"/> Ground Search & Rescue | <input type="checkbox"/> IT Support Tech/Equip |
| <input type="checkbox"/> Mass Care (Sheltering) | <input type="checkbox"/> Support (General Volunteer) | <input type="checkbox"/> Volunteer Management |
| <input type="checkbox"/> Weather/Meteorology | <input type="checkbox"/> Other: _____ | |

EMA Incident Management Team (IMT) : *(Please check all that apply)*

- | | | |
|--|---|--|
| <input type="checkbox"/> Incident Commander | <input type="checkbox"/> Liaison Officer | <input type="checkbox"/> Safety Officer |
| <input type="checkbox"/> Public Information Officer | <input type="checkbox"/> Operations Section Chief | |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Staging Area Manager | |
| <input type="checkbox"/> Photography and/or video | | |
| <input type="checkbox"/> Planning Section Chief | <input type="checkbox"/> Logistics Section Chief | <input type="checkbox"/> Finance Admin Officer |
| <input type="checkbox"/> Situation Unit | <input type="checkbox"/> Comm | <input type="checkbox"/> Procurement Unit |
| <input type="checkbox"/> Resource Unit | <input type="checkbox"/> Food Unit | <input type="checkbox"/> Cost Unit |
| <input type="checkbox"/> Documentation Unit | <input type="checkbox"/> Medical Unit | |
| <input type="checkbox"/> Demob Unit | | |
| <input type="checkbox"/> Tech Specialist (Skillset): _____ | | |

Check all of the NIMS/ICS classes you have taken: 700 800 100 200 300 400 C&GS

List any position specific ICS training you have obtained: _____

Have you ever been convicted of a felony? Yes No

If yes, include charge, date and disposition information: _____

AGREEMENT:

I, the undersigned agree to follow all rules set forth by the Montgomery County Emergency Management Agency and abide by all local, State, and Federal laws in the performance of my duties as a volunteer of Montgomery County EMA. I further agree to allow Montgomery County EMA and/or Law Enforcement Officials to do a thorough check into my background concerning criminal convictions and behavior. I understand that my acceptance and continuance may be granted and/or denied/terminated at the discretion of the Montgomery County EMA Coordinator.

_____/_____
Initials Date

OATH OF ALLEGIANCE:

I, _____ do solemnly swear that I will support and defend and bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of Illinois, and the territory, institutions and facilities thereof, both public and private, against all enemies, foreign and domestic; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter, and do further swear that I do not advocate, nor am I nor have I been a member of any political party or organization that advocates the overthrow of the government of the United States or of this State by force or violence; and that during such times that I am affiliated with the Montgomery County Emergency Management Agency, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the government of the United States or of this State by force or violence.

Signed: _____ **Date:** _____

(EMA OFFICE USE ONLY BELOW THIS LINE)

Approved Denied, reason: _____

Applicant notified, date: _____ EMA Unit Number Assigned: _____

EMA Coordinator Signature: _____ **Date:** _____

Notes: _____