

NOBLE COUNTY
EMERGENCY MANAGEMENT AGENCY
210 S. 7TH ST., PO BOX 8
Albion, IN 46701
(260) 636-2938

VOLUNTEER APPLICATION

Personal Information

Name: _____

Address: _____

Phone Numbers

Home: _____

Work: _____

Cell: _____

E-mail address: _____

Employment Information (title, place of employment) _____

Emergency Contact Information (Name, phone #'s) _____

Describe any Restrictions on Your Activities (physical, medical) _____

Date of last Tetanus Shot: _____

Are you currently charged with or have you ever been convicted of a felony? YES NO
If YES, please explain: _____

General Availability

AM
PM Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Do You Have Personal Transportation? YES NO

Skills and Qualifications

Fluency in Language(s) other than English: _____

Licenses/Professional Certifications: _____

Professional Background: _____

Education Background: _____

Computer Skills: _____

Prior or Current Volunteer Experience: _____

Other Skills:

- Administrative/Secretarial*
- Accounting/Finance/Bookkeeping*
- Civil Servant (Police, Firefighter)*
- Child Care*
- Customer Service*
- Food Service (help prepare & serve meals*
- Health Services (Physician, Dentist, Pharmacist, Nurse, EMT, CNA, QMA)*
- Human Resources (interviewing, recruiting, etc)*
- Mental Health Counselor/Social Worker*
- Management*
- Technical*
- Trade:* _____
- Transportation (professional truck/bus driver)*
- Other:* _____

The information you provide will be secured within the Noble County Health Department and will not be shared with any other government or non-government agency without your expressed approval. This information will be utilized to provide volunteer staffing for a Health Department response to a county emergency or disaster.

SIGNATURE: _____ **DATE:** _____

PLEASE RETURN YOU'RE COMPLETED FORM TO:

NOBLE COUNTY
EMERGENCY MANAGEMENT AGENCY
210 S. 7TH ST., PO BOX 8
Albion, IN 46701

mnewton@nobleco.org Ph: (260)636-2938 fax: (260) 636-2192