BROWNWOOD/BROWN COUNTY
Emergency Volunteer Application

Personal Information—Please **PRINT LEGIBLY** and complete all information.

Name:_____ Gender: ☐ Female ☐ Male
Last First Middle

Address: _____
Address City/Town Zip

Phone: ( ) _____ ( ) _____ ( ) _____ ( ) _____
Home # Work # Cell/ Mobile # Pager #

Email (Home):_____ Email (Work): _____

Occupation: _____ Employer: _____

☐ I am a licensed health care provider Type of License: (MD, Pharmacist, RN, LVN, EMT, etc.) _____
☐ I am a licensed mental health provider Type of License: (Psychologist, Psychiatrist, Social Worker, etc.) _____
License Number: _____

List any special skills/training/abilities you believe would be of assistance during a community crisis situation: i.e. languages spoken or read (specify which language), sign languages (ASL, other), TTY/TDD, computer skills, construction skills, communication skills, warehouse knowledge/skills, commercial truck driving experience, counseling skills, etc.

_____

_____

Drivers License #:_____ DOB: _____ Expiration (mm/dd/yyyy): _____

Emergency Contact:_____( )_____
Name Relationship Phone

Volunteer Requirements & Responsibilities:

1. Submit complete application form and copy of Texas driver's license
2. Hold a current valid Texas drivers' license
3. Have no **felony convictions** for D.W. I., Drug-related, Sexual or Family Violence offenses
4. Participate in all required training sessions
5. Comply with worker / volunteer standards established by Brownwood/Brown County Emergency Management
6. Notify the Brownwood/Brown County Public Health Preparedness Coordinator, in writing, when terminating volunteer status
7. Be available on short term notice

I understand:

- That any information I have provided in this application may be disclosed to and used by Brownwood/Brown County Emergency Management for planning purposes and volunteer assignment **ONLY.**
- That, in the event of a disaster that may require my assistance, I may be contacted at any time (day or night).
- Due to the variable nature of disaster incidents and the potential duties of volunteers, a background check may be conducted on volunteer applicants.
- I understand that a **felony conviction** for D.W.I, drug-related, sexual, or family violence offenses will disqualify me for participation as a Emergency Volunteer and that I may be disqualified for other reasons at the discretion of Brownwood/Brown County Emergency Management.

I have read and understand the above listed requirements, responsibilities and information. I attest to the accuracy of the information I have provided on this application. I hereby authorize Brownwood/Brown County Emergency Management to receive and disclose my information to the Public Health Preparedness Coordinator and/or the Emergency Management Coordinator for the purposes and reasons stated above.

Signature:_____ Date:_____Received by:_____