



EMERGENCY MANAGEMENT

**APPLICATION FOR MEMBERSHIP**

NAME \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ WORK # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**(PLEASE PRINT CLEARLY)**

**READ THE FOLLOWING REQUIREMENTS CAREFULLY BEFORE FILLING OUT THIS FORM.**

**GENERAL REQUIREMENTS:**

1. Be a citizen of the United States.
2. Be a legal resident of Howard County and the State of Indiana for at least six (6) months, prior to the date on this application. If you have been in an Emergency Management Agency or equivalent to this, and after having received three (3) verified letters of recommendation from this organization you may proceed.
3. Be at least eighteen (18) years of age. **Are you at least 18 years of age?** \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Possess a **current, valid Indiana** Motor Operator’s License.
5. Applicants **MUST** maintain an operational telephone while being a member.
6. Can not have a felony conviction.
7. All applicants **MUST** have a licensed motorized **vehicle** mode of transportation to make call outs and other EMA functions.

Applicants who meet the above qualifications will be considered for membership in conjunction with the report(s) of character investigation.

**INSTRUCTIONS:**

This application must be filled out in ink, in the handwriting of the applicant. **A copy of the applicant’s driver’s license must be attached to this application. All applications must be returned in person to the office by the applicant.** Questions not applicable; Indicate with N/A.

**NOTE: THIS APPLICATION WILL NOT BE PROCESSED UNLESS COMPLETELY FILLED OUT, WITH ATTACHMENTS, IF REQUIRED.**

**LAST FIVE (5) YEARS OF RESIDENCE**

**ADDRESS** **CITY/STATE** **HOW LONG**

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**(A) DATA ON INITIAL REQUIREMENTS**

- 1.) Are you a regular graduate from high school? \_\_\_\_\_
- 2.) **IF NOT**, have you received a diploma from any high school after passing the G.E.D. test? \_\_\_\_\_
- 3.) List any volunteer organizations you are affiliated with:

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**(B) EDUCATION AND TRAINING**

HIGH SCHOOL	DATES	Grade Completed	Did you graduate?
Name of School	From/To		

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COLLEGE OR UNIVESITY:	DATES	Grade Completed	Did you graduate?
Name of School	From/To		

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**(C) EMPLOYMENT RECORD**

What is your present occupation? \_\_\_\_\_

How long have you held this position? \_\_\_\_\_

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

Address of present employer: \_\_\_\_\_



**(G) POLICE / FIRE / EMS / COMMUNICATIONS EXPERIENCE**

(Attach copy of Certifications)

Name of Unit	Dates of Employment From/To	Rank Held

State any qualifications and/or employment not included above which you believe would be of value to you as an Emergency Management member; such as past memberships with an Emergency Management Agency, airplane pilot, EMT, radio operator, fire fighter, etc. (Attach copies of Certifications)

Unit/Agency	Dates From/To	Position Held

**(H) CERTIFICATIONS:**

List any certifications/numbers, permits, etc. you have (EMT, 1<sup>st</sup> Responder, Firefighter, Gun Permit, PSID #, etc.)

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Have you ever been convicted of a felony? If so, give the facts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF INDIANA  
COUNTY OF HOWARD

I, \_\_\_\_\_ being duly sworn deposes and says that he/she is the applicant above named and that the statement of facts obtained in the foregoing application are true and will abide by all regulations of Federal, State, and Local Governments and all rules and regulations of the Howard County Department of Emergency Management Agency.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



**INVESTIGATION REQUEST AND WAIVER FORM**

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE

I hereby authorize the **HOWARD COUNTY DEPARTMENT OF EMERGENCY MANAGEMENT AGENCY** its agents or employees to investigate and gather information pertaining to me from whomever (references, businesses, neighbors, relatives, employers, schools, creditors, etc.) it may be; for the purpose of joining their organization. I understand that the information so gathered may prove unfavorable to me. Notwithstanding, I do hereby release and covenant forever hold harmless the **HOWARD COUNTY DEPARTMENT OF EMERGENCY MANAGEMENT AGENCY**, its agents or employees from any liability arising out of or resulting from the gathering of information concerning me.

**REFUSAL TO SIGN THIS FORM WILL RESULT IN AUTOMATIC WITHDRAWAL OF THE APPLICATION.**

\_\_\_\_\_  
DATED

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATED

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
TITLE OF WITNESS