

VOLUNTEER APPLICATION

Applicant Information

Name:		Today's Date:	
Mobile Phone:	Home Phone:	Work Phone:	
Pager:	Text messages can be received at:		
Email:			
Residence Address:			
City:	State:	ZIP:	
Employment status:		Name of Employer:	
Does your employer match volunteer hours or financial donations?			Contact Name:
Yes			No
Are you currently volunteering with City of Seattle? Yes No - If yes, what department?			

Do you have an Amateur Radio License? Yes No - if yes, what is your Call Sign?

Are you currently registered as a State Emergency Worker? Yes No

How did you learn about this opportunity? *Check all that apply:*

- Friend or Relative
- Event/Fair
- Newspaper Advertisement
- City of Seattle Employee
- Seattle OEM Website
- [Seattle ACS](#)
- Other:

What are your primary volunteer interests? *Check all that apply:*

- Public Education and Training
- Special Events and Outreach
- Emergency Operations Center Support
- Administrative and Office Support
- [Seattle Auxiliary Communications Services](#)
- Wherever I am needed most
- Skills Based Volunteering (project/research based)
- Translation/interpretation; I speak/write
- Disaster Response, such as: sheltering, community points of distribution, canvassing, and welfare checks
- Other:

Position Interest

Why would you like to volunteer with the Seattle Office of Emergency Management?

Availability

When are you available to volunteer? Please check all that apply:

- Mornings Afternoons Evenings
 Weekdays Weekends If availability is not included, please specify:

What kind of time commitment are you looking for? Short-term (4-6 months) intermittent
 Long-term (at least one year) ongoing Other

Do you have access to reliable transportation while volunteering? Yes No

References

Work, volunteer, school or personal references (excluding family members or spouse/partners) are acceptable

Name:	Email:	Relationship:	Phone:
Name:	Email:	Relationship:	Phone:
Name:	Email:	Relationship:	Phone:
Name:	Email:	Relationship:	Phone:

Emergency Contact(s)

Preferably two local contacts and one out-of-area contact

Name:	Relationship:	State:	Phone:
Name:	Relationship:	State:	Phone:
Name:	Relationship:	State:	Phone:

If you are under 18, please note that an underage waiver must be signed by your parent/guardian prior to volunteering

I understand and agree that submitting this application form does not automatically register me as a Seattle Office of Emergency Management volunteer, and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures before I may begin volunteering.

Electronic Signature OR _____ Initial

I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary for the purposes of determining an appropriate and satisfactory volunteer position for me, including contacting my references. I understand that this application is not, and is not intended, to be a contract. I understand that false or misleading information provided in my application or interview may result in my not being able to continue as a volunteer with the City of Seattle, Seattle Office of Emergency Management.

Electronic Signature OR _____ Initial

Please send or email your completed application to:

Seattle Office of Emergency Management, Attn: Volunteer Coordinator
 105 5th Ave. S, Ste 300, Seattle, WA. 98104 or email to: OEMVolunteers@seattle.gov

If you have any questions, please contact the **Volunteer Coordinator** at **206.684.7722** or carrie.brazil@seattle.gov