

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?		<input type="checkbox"/> Yes Contact Email <input type="checkbox"/> No
Are you currently volunteering with City of Seattle? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, what department?		

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

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
 Auxiliary Communications Services
 Wherever I am needed most
 Skills Based Volunteering (project/research based)
 Translation/interpretation - I speak/write:

 Other: _____

Position Interest

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

What are you looking for in your volunteer experience?
What are some skills and experiences that you would like to contribute and/or gain?
Are you looking to complete community service hours for school? <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>If so, how many hours?</i>

Education

Are you currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, what school?	
What is your highest level of education? <input type="checkbox"/> High School <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> PhD	
Other:	
Name of school:	Year of Graduation:
Area(s) of study:	

Work Experience (Paid & Volunteer) *Please include any emergency management experience if applicable:*

Organization/Company Name	Title/Role	Major Responsibilities	Dates

Professional Training *(E.g. Food Handlers Permit, First Aid, FEMA ICS Courses, ARC Shelter Training, CERT)*

Training/Certification Name	Date Completed

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:

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