

GUADALUPE COUNTY VOLUNTEER APPLICATION



First Name:							
Last Name:							
Address:							
City/State/Zip							
DOB	B Drivers License #		DL Type	e DL State			
Work/Home Phone #		Cell Phone #					
Email Address:							
Emergency Contact Name & Phone #							
Emergency Contact Name & Fnone #							
I am interested in volunteering fo	or the following t	ypes of activit	ies:				
SNS/POD Volunteer		,,					
Sheltering							
Animal Sheltering							
CERT							
Damage Assessment							
HAM Radio/Weather Spotter							
EDUCATION:							
Highest level of Education:		_					
DDOFECCIONAL LICENCE (if ann)	iaabla)						
PROFESSIONAL LICENSE (if appl License #	License Type			Expiration			
BACKGROUND:							
Are you a citizen of the United Sta	YES	NO					
Have you ever been convicted of a	YES	NO					
If yes, give details on the reverse	of this form.						
Offense			Date of Conviction				
Have you ever served in any bran	ch of the military	·? YES F	Branch:	NO NO			



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WORK EXPERIENCE:

If Yes, what languages?

Supervisory Exper	ience	YES		NO				
Number of Staff:	1-4	5-8	9+					
Years of Experience	1	2	3	4	5	6-9	10+	
Clerical and Computer Experience YES						NO		
Years of Experience	1	2	3	4	5	6-9	10+	
Security/Law Enforcement Experience YES NO								
Years of Experience	1	2	3	4	5	6-9	10+	
Teaching or Training Experience YES NO								
Years of Experience	1	2	3	4	5	6-9	10+	
Hiring or Recruiting Experience YES NO								
Years of Experience	1	2	3	4	5	6-9	10+	
Shipping/Receiving, Warehouse Experience YES NO								
Years of Experience	1	2	3	4	5	6-9	10+	
Counseling or Mental Health Experience YES NO								
Years of Experience	1	2	3	4	5	6-9	10+	
Language Translat	ion	YE	ES			NO		



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AFFADAVIT I certify that the above answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I authorize the Guadalupe County Fire Marshal/Office of Emergency Management to conduct a background investigation pertaining to my suitability for the above stated position, which may include a Criminal History check. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information. I understand and agree that any misleading or incorrect statements or omissions may render this application void, and would be cause for dismissal and the Guadalupe County Fire Marshal/Office of Emergency Management would not be liable in any respect for such action. I understand that Guadalupe County Fire Marshal/Office of Emergency Management reserves the right of non-disclosure for the acceptance or denial of the applicant. I also understand that when volunteering with the Guadalupe County Fire Marshal/Office of Emergency Management I will be subject to photos and video and these images may be circulated on a variety of media. Applicant's Signature & Date:	Signature	Date:
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