



BEXAR COUNTY
EMERGENCY MANAGEMENT

Volunteer Application Form

Name:

Last First Middle

Current Address:

Street Address City, State, Zip

Home Phone: _____ **Work/Cell Phone:** _____

Social Security #: _____ **DOB:** _____

Driver's License #: _____ **Type:** _____ **State:** _____

POSITION AVAILABILITY Volunteer position applied for: _____

EDUCATION Highest Level of education _____

BACKGROUND

Are you a citizen of the United States? (Check one)

Yes No

Have you ever been convicted of a felony?

Yes No

Date of conviction: _____

If yes, give details on the reverse of this form.

Have you ever served in any branch of the military?

Branch: _____ Date of discharge: _____

Relevant Skills, Experience, Work Experience, Special Training, Areas of Interest
(please write below in the box below)

AFFIDAVIT

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 Bexar County 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 Bexar County Office of Emergency Management would not be liable in any respect for such action. I understand that the Bexar County 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 Bexar county 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

Name

____/____/_____
Date