



VOLUNTEER APPLICATION

1. Name: _____
Last First Middle
2. Social Security #: _____ Date of Birth: _____
3. Current Address: _____
4. Telephone: Home: () _____ Work: () _____
Street City State Zip Code
5. Email: Home: _____ Work: _____
6. Driver's License #: _____ State: _____ Exp. Date: _____
7. Has your Driver's License ever been revoked or suspended in this or any other State?
____ Yes ____ No If Yes, when and where? _____
8. Have you ever been arrested? _____ Yes _____ No
If yes, please explain. (NOTE: Applicants convicted of any Felony are not eligible to participate)

9. Do you have any related skills or training (CPR, First Aid, Fire/EMS, Health Care, Law Enforcement, CERT etc.) If yes please describe your experience? _____

10. What volunteer opportunities do you intend to pursue?
____ Volunteers in Policing _____ Medical Reserve Corps
____ Community Emergency Response Team _____ Neighborhood Watch
____ Other _____

I hereby certify that there are no willful falsifications, omissions, misrepresentations or false statements in the foregoing. I understand that any falsification, omission, misrepresentation or false statement on this application shall be sufficient cause for rejection of my application or dismissal from the Boone County Citizen Corps Council and/or any of its affiliated programs. I also hereby authorize the Boone County Citizen Corps Council to verify the above information and to perform a background and criminal history check.

Date: _____

Signature of Applicant

PLEASE RETURN COMPLETED APPLICATION TO:

Boone County Citizen Corps Council
c/o Boone County Emergency Management
P.O. Box 900
Burlington, KY 41005