

**SUMMIT COUNTY
EMERGENCY MANAGEMENT AGENCY
VOLUNTEER REGISTRATION RECORD**

PERSONAL INFORMATION:

Last Name: First: Initial:

Street Address: City & Zip:

Occupation:

Home Phone: Work Phone: Pager/
Alternate Number

SSN: Valid Driver's License: Y N

EMERGENCY CONTACT:

Name:

Street Address: Phone:

I am usually available for: (mark all that apply)

Training: Days Nights Weekends
Emergency Response: Days Nights Weekends

Special Skills/Computer Skills/Interests:

Do you have any health problems that could limit your ability to serve as a volunteer? Y N
If yes, explain: _____

Additional Remarks: _____

I certify that the above information is correct. I understand that while acting in behalf of the agency and/or displaying any Emergency Management insignia or identification, I will be expected to conduct myself in a professional manner. I also understand that upon termination of my volunteer services that I must return my identification card. I agree to obey all laws, rules, and regulations pertaining to Emergency Management.

Volunteer's Signature

Date