

City of Lewiston/Nez Perce County Office of Emergency Management

1225 Idaho Street
Lewiston, Idaho 83501
(208) 799-3084

email: emergencymgmt@co.nezperce.id.us
website: www.co.nezperce.id.us/Departments/EmergencyManagement



VOLUNTEER APPLICATION

Last Name	First Name	Middle Initial	Current Driver's License No.
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Home Address	City	State	Zip
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Primary Contact Number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Pager	Secondary Contact Number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Pager
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Full-time Idaho Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Employment <input type="checkbox"/> Full-Time <input type="checkbox"/> Not Employed <input type="checkbox"/> Part-Time
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EMERGENCY CONTACT INFORMATION

Date of Birth	Name: _____
Email Address	Address: _____
	City, State Zip: _____
	Phone No. : _____ Relationship: _____

SKILLS

DISASTER RELATED TRAINING/CERTIFICATIONS

<input type="checkbox"/> Call Center	<input type="checkbox"/> Medical (Dr-Active/Retired)
<input type="checkbox"/> Casework/Social Services	<input type="checkbox"/> Medical (EMT)
<input type="checkbox"/> Children (Formal Training)	<input type="checkbox"/> Medical (LPN/CAN/RN)
<input type="checkbox"/> Critical Incident Stress Mgmt.	<input type="checkbox"/> Medical (Other)
<input type="checkbox"/> Communications	<input type="checkbox"/> Moving Disabled or Elderly
<input type="checkbox"/> Computer Literate	<input type="checkbox"/> Office Clerical
<input type="checkbox"/> Construction	<input type="checkbox"/> Pastoral Care
<input type="checkbox"/> Donations Distributions	<input type="checkbox"/> Personnel Management
<input type="checkbox"/> First Responder Trained	<input type="checkbox"/> Transportation
<input type="checkbox"/> Food Services	<input type="checkbox"/> Veterinarian Tech
<input type="checkbox"/> Heavy Lifting (>30 lbs.)	<input type="checkbox"/> Volunteer Management
<input type="checkbox"/> Logistical Support	<input type="checkbox"/> Other _____

<input type="checkbox"/> Call Center	<input type="checkbox"/> ICS-100	<input type="checkbox"/> IS-240.b
<input type="checkbox"/> CERT	<input type="checkbox"/> ICS-200	<input type="checkbox"/> IS-241.b
<input type="checkbox"/> CPR	<input type="checkbox"/> ICS-300	<input type="checkbox"/> IS-242.b
<input type="checkbox"/> FACT	<input type="checkbox"/> ICS-400	<input type="checkbox"/> IS-288.a
<input type="checkbox"/> Landing Zone	<input type="checkbox"/> IS-230.d	<input type="checkbox"/> IS-700.a
<input type="checkbox"/> Red Cross	<input type="checkbox"/> IS-235.c	<input type="checkbox"/> IS-702.a
<input type="checkbox"/> Search & Rescue		<input type="checkbox"/> IS-703.a
<input type="checkbox"/> Shelter Operations		<input type="checkbox"/> IS-800.b
<input type="checkbox"/> Ham Radio Call _____		
<input type="checkbox"/> GMRS Radio Call _____		

EXPERIENCE

Do you have volunteer experience? Yes No
If yes, how many years? _____
What Organization? _____

Have you ever been convicted of a felony? Yes No Have you ever been convicted of a misdemeanor? Yes No
If yes to either, please specify what type of crime and location: _____

I have read and understand the Nez Perce County Emergency Management Volunteers Standard Operating Procedures. Signature below acknowledges I agree to abide by all terms and conditions established by these procedures and all of the above statements are true to the best of my knowledge. I understand if I am accepted as a volunteer any false statements, omissions, or other misrepresentations made by me on this application may result in immediate dismissal. I understand photos or videos may be taken and used by Nez Perce County for promotional/training purposes. Signature also authorizes Nez Perce County to conduct a background check and/or drug screening on me as required.

Signature _____ Date _____