

DATE OF APPLICATION \_\_\_\_\_

**EMERGENCY MANAGEMENT AGENCY OF WELLS COUNTY  
MEMBERSHIP APPLICATION**

FULL NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_ (WORK & EXT.) \_\_\_\_\_

PAGER \_\_\_\_\_ FAX \_\_\_\_\_ SSN \_\_\_\_\_

EMAIL \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ TITLE \_\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_

AMATEUR RADIO CLUB MEMBER? ( ) Y ( ) N CALL LETTERS \_\_\_\_\_

PLEASE LIST ANY SPECIALIZED TRAINING, SKILLS, OR APPRENTICESHIPS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST ANY SPECIAL HEALTH CONCERNS THAT WE WOULD NEED TO KNOW UPON  
ASSIGNMENT  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST ANY ADDITIONAL INFORMATION  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VOLUNTEERS MUST BE AT LEAST EIGHTEEN (18) YEARS OF AGE, HAVE NEVER BEEN CONVICTED OF A FELONY, AND BE WILLING TO SUBMIT TO BACKGROUND CHECK. THROUGH OUR COUNTY COMMISSIONERS AND COUNTY ATTORNEY, THERE IS NO INSURANCE COVERAGE AVAILABLE ON VOLUNTEERS. UNPAID PROFESSIONALS (VOLUNTEERS) MUST BE ROSTERED BY THE UNIT OF GOVERNMENT FOR WHICH THEY VOLUNTEER BRINGING INTO EFFECT THE LIABILITY LIMITATION IN INDIANA CODE 10-4-1-8. THIS STATUTE PROVIDES A LIMIT ON LIABILITY OF DEATH, INJURY OR PROPERTY DAMAGE.

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

\_\_\_\_\_  
(SIGNATURE OF DIRECTOR)