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**U.S.V.E.M.**

**OFFICIAL**

**VOLUNTEER APPLICATION**

**ALL CONTENTS CONFIDENTIAL**

* **FOR AUTHORIZED USE ONLY -**

**UNITED STATES VOLUNTEER EMERGENCY MANAGEMENT**

**IS HEREIN ALSO REFERRED TO AS “U.S.V.E.M.”**

I, (PRINT FULL NAME)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

HEREBY SWEAR AND AFFIRM THAT I AM COMPLETING THIS APPLICATION OF MY OWN VOLITION, THAT I AM NOT UNDER DURESS NOR THE INFLUENCE OF DRUGS AND/OR ALCOHOL. I FULLY UNDERSTAND AND ACKNOWLEDGE THE RISKS INVOLVED, THAT UNKNOWN OR UNFAMILIAR RISKS TO MYSELF MAY OCCUR, AND THAT I FULLY TAKE RESPONSIBILITY FOR MY MEMBERSHIP (IF GRANTED), PARTICIPATION, AND/OR PRESENCE AT/IN ANY U.S.V.E.M. PROPERTY, FUNCTION, EVENT, INCIDENT, TRAINING, RESPONSE, OR OTHERWISE. UNDER NO CIRCUMSTANCES WILL I OR ANYONE ON MY BEHALF ATTEMPT TO HOLD UNITED STATES VOLUNTEER MANAGEMENT RESPONSIBLE/AT FAULT FOR ANY INJURY/HARM TO MY PERSON, MY PROPERTY, OR A COMBINATION THEREOF (THIS INCLUDES MENTAL/EMOTIONAL TRAUMA).

I FULLY INDEMNIFY U.S.V.E.M., MEMBERS, BOARD MEMBERS, VOLUNTEERS, PARTNERS, DONORS, AND ANY AND ALL EXTENDED NETWORK OF SUCH AND AGREE TO NEVER HOLD U.S.V.E.M. LEGALLY/CIVILLY RESPONSIBLE FOR ANY HARM INCURRED TO MY PERSON, PROPERTY, OR A COMBINATION THEREOF. I AGREE THAT IT IS MY CHOICE TO PARTICIPATE IN ANY ACTIVITY CONNECTED TO U.S.V.E.M. AND THAT NO FAULT SHALL BE PLACED ON ANY OTHER PARTY, ORGANIZATION, AND/OR AGENCY, IN PERPETUITY. I AGREE TO KEEP ALL U.S.V.E.M. INTERNAL BUSINESS (THAT IS NOT REPORTED AS REQUIRED BY LAW) CONFIDENTIAL, AND UNDERSTAND THE APPLICATION OF THE H.I.P.A.A. IN THIS ENVIRONMENT, AS WELL AS POTENTIAL NATIONAL SECURITY CONCERNS.

I UNDERSTAND THAT THIS IS UNCOMPENSATED POSITION.

I UNDERSTAND THAT THIS APPLICATION’S APPROVAL, AFTER INTERVIEW(S), MAY ONLY CONSTITUTE PROBATIONARY MEMBERSHIP STATUS.

PRINT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGN NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_

WITNESS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS SIGN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UNITED STATES VOLUNTEER EMERGENCY MANAGEMENT

OFFICIAL APPLICATION – FOR AUTHORIZED USE ONLY

C O N F I D E N T I A L

FULL NAME OF APPLICANT:

PREFERRED NAME/NICKNAME: (I.E. CHRISSY/NICK/JIM)

AGE OF APPLICANT:

DATE OF BIRTH: / /

ADDRESS

STREET:

SUITE/APT#:

CITY/TOWN:

STATE:

ZIP CODE:

COUNTY:

DO YOU POSSESS A VALID GOVERNMENT ISSUED I.D.?

DO YOU POSSESS A VALID DRIVER’S LICENSE?

IF YES, STATE ISSUED:

IF YES, DRIVER’S LICENSE #:’

LICENSE CLASS:

(ONLY USED IF DRIVING ON BEHALF OF U.S.V.E.M./OPERATING AN ORGANIZATION VEHICLE)

DO YOU OWN/HAVE ACCESS TO A VEHICLE?

DO YOU CURRENTLY DISPLAY DECALS/LIGHTS/SIRENS/ETC. FOR AN EMERGENCY SERVICE ORGANIZATION OR AGENCY?

IF YES, COLOR AND REASON FOR USE: (I.E. BLUE FOR VOLUNTEER FIREFIGHTING)

DO YOU HAVE A SIREN+SPEAKER SYSTEM IN YOUR VEHICLE?

IF YES, PLEASE EXPLAIN: (A COPY OF YOUR PERMIT MAY BE REQUIRED)

*PLEASE NOTE THAT IF YOU ARE ACCEPTED AS A PROBATIONARY MEMBER THAT VEHICLES DISPLAYING DECALS, LETTERING, ETC., THAT ARE DISPARAGING TO THE MISSION OF U.S.V.E.M. WILL DISQUALIFY THE DRIVER FROM OPERATING SAID VEHICLE ON BEHALF OF U.S.V.E.M., INCLUDING, BUT NOT LIMITED TO, TRAININGS, MEETINGS, RESPONSE OPERATIONS, ETC.*

WHAT ACTIVITIES DO YOU DESIRE TO PARTICIPATE IN AS A VOLUNTEER WITH U.S.V.E.M.?

*(IF YOU DON’T KNOW A SPECIFIC UNIT, DESCRIBE WHAT YOU WOULD LIKE TO DO, SUCH AS: “LEARN TO SAVE ANIMALS FROM IMPENDING DISASTER” OR “INCREASE MY ICS SKILLS AND INCORPORATE HAZARDOUS MATERIALS KNOWLEDGE”)*

CURRENT MEMBERSHIP TO **ANY** MEDICAL, EMERGENCY SERVICE, ARMED SERVICE (I.E. RESERVES/NATIONAL GUARD), AUXILIARY (COAST GUARD, POLICE), PUBLIC HEALTH, FRATERNAL ORDER, OR RELATED ASSOCIATION (I.E. IAEM), S.W.A.R.M., SARDA, ARDA, SCOUTING, VENTURING, AMERICORP, FEMA CORP, HABITAT, TEAM RUBICON, ETC:

* LEAVE BLANK IF NOT A MEMBER OF ANY SUCH ORGANIZATION –

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE LIST ALL CERTIFICATIONS YOU CURRENTLY HOLD, FROM BASIC FIRST AID/CPR AND AED AND ABOVE, ALSO INCLUDING LICENSES SUCH AS AMATEUR RADIO, FIREARMS, ARMED SECURITY, PEACE OFFICER, EMT-B/I/P, NURSING, MEDICAL ASSISTANT, ETC.:

CONTACT METHODS AND BEST TIME TO CONTACT YOU:

E-MAIL: PHONE:

BEST TIMES TO CONTACT VIA (PHONE) (E-MAIL):

PRE-REQUISITES --------------------------------

HAVE YOU COMPLETED ALL OF THE REQUIRED EMERGENCY MANAGEMENT INSTITUTE AND ADDITIONAL CERTIFICATE COURSES INDICATED BY U.S.V.E.M. AS NECESSARY TO APPLY AS A VOLUNTEER?

IF NOT, PLEASE EXPLAIN: (NOTE: THIS DOES NOT AUTOMATICALLY DISQUALIFY YOUR APPLICATION – BE SURE TO DISCUSS YOUR TRAINING NEEDS WITH AN OFFICER A.S.A.P.)

ARE YOU AN INSTRUCTOR OF ANY SUBJECTS/SKILLS/TOPICS?

IF YES, WHAT?

DO YOU HAVE ANY AILMENTS THAT WOULD DISQUALIFY YOU FROM PERFORMING UNDER EXTREME PRESSURE IN DISASTER SITUATIONS/PRE-HOSPITAL INCIDENTS WHICH MAY REQUIRE ANYTHING FROM SELF-SUFFICIENCY TO THE ABILITY TO RECOVER A VICTIM FROM A CONFINED SPACE, AS WELL AS PERFORM CPR?

NOTE: A PHYSICIAN’S CLEARANCE WILL BE REQUIRED FOR MEMBERS INVOLVED IN OPERATIONS. FOR ADMINISTRATIVE/FUNDRAISING/OUTREACH/PLANNING, ETC. PLACE “N/A” ABOVE.

DID YOU COMPLETE?:

ICS-100

ICS-200

NIMS-700

NIMS-800

ANIMALS IN DISASTER

INTRO TO ESFS (EMERGENCY SUPPORT FUNCTIONS)

SKYWARN TRAINING VIA METED/COMET

TERRORISM AWARENESS

FIRE EXTINGUISHER USE

LIST ALL ADDITIONAL CERTIFICATES HERE: (ATTACH ALL TO APPLICATION)

PLEASE NOTE THAT THE FOLLOWING SECTION IS **PROTECTED BY H.I.P.A.A.:**

PLEASE LIST ANY ALLERGIES YOU MAY HAVE:

DO YOU WEAR A MEDICAL ALERT BRACELET?

PLEASE INDICATE MEDICATIONS THAT WOULD BE REQUIRED TO BE STOCKED IN EVENT OF AN EMERGENCY:

DO YOU REQUIRE AN INHALER?

DO YOU HAVE IT WITH YOU AT ALL TIMES?

PLEASE NOTE ANY MEDICAL CONDITIONS YOU CURRENTLY HAVE: [CONFIDENTIAL]

HAVE YOU PREVIOUSLY DISCUSSED YOUR DECISION TO APPLY TO AN EMERGENCY MANAGEMENT/RESPONSE/RECOVERY ORGANIZATION WITH YOUR PHYSICIAN?

* WHETHER OR NOT YOU ARE SELECTED FOR OPERATIONS-LEVEL ACTIVITIES, ALL MEMBERS MUST BE SCREENED AS THIS IS A HIGHLY MENTALLY AND EMOTIONALLY TAXING ENVIRONMENT, AS WELL. NUTRITION ALSO CANNOT ALWAYS BE MAINTAINED, IF YOU REQUIRE A SPECIAL DIET. A DOCTOR’S CLEARANCE WILL BE REQUIRED BEFORE, IF APPROVED, YOUR PROBATIONARY STATUS MAY BEGIN.

FEEL FREE TO WORK WITH ONE OF OUR PUBLIC HEALTH/MEDICAL ASSISTANCE OFFICERS TO ADDRESS ANY CONCERNS YOU MAY HAVE

(ESF#8 OFFICERS MUST POSSESS EITHER CLINICAL OR PRE-HOSPITAL CERTIFICATIONS AT ABOVE BLS LEVELS – NOTE THAT SUCH DISCUSSION IS NEVER A REPLACEMENT FOR AN EVALUATION FROM YOUR PHYSICIAN)

DO YOU HAVE OBLIGATIONS THAT WOULD LIMIT THE AMOUNT OF TIME YOU COULD DEDICATE TO YOUR VOLUNTEERING? (YOU MAY LIST FAMILY ACTIVITIES SUCH AS SPORTING EVENTS, OTHER ORGANIZATION’S EVENTS, MEMBERSHIP IN FIRE, EMS, SAR, ETC., EMPLOYMENT WITH HEAVY WORK LOAD/MANY HOURS, ETC.) *THIS IS TO HELP US BE FLEXIBLE TO YOUR NEEDS*, IF SELECTED. NOTE: NO PERSONAL INFORMATION IS REQUIRED HERE (I.E. CHILDREN’S NAMES, SPECIFIC LOCATIONS):

DO YOU WEAR A UNIFORM FOR WORK OR ANOTHER AGENCY/ORGANIZATION?

IF YES, DESCRIBE: (I.E. FORMAL CLASS A UNIFORM FOR PARADES, NOMEX SAR COVERALLS, BDUS, ETC.)

*SEE U.S.V.E.M. PROTOCOL ON* APPAREL*/UNIFORM DISPLAY (TO PREVENT RESOURCE I.D. CONFUSION)*

WHAT PERSONAL PROTECTIVE EQUIPMENT (PPE) ARE YOU TRAINED AND/OR EXPERIENCED WITH? (THIS RANGES FROM NITRILE GLOVES AND MASK TO LEVEL 4 POSITIVE PRESSURE SUITS WITH SCBA – PLEASE ELABORATE)

DO YOU UNDERSTAND THAT URINE AND BLOOD TESTING MAY BE PERFORMED BY PROPERLY LICENSED/CERTIFIED PERSONNEL AND THAT IT MAY OCCUR AT ANY TIME IF THERE IS A SUSPECTED HARMFUL MATERIAL PRESENT/EXPOSURE RISK AND/OR FOR GENERAL SAFETY? (RESULTS TESTED ARE FOR PATHOGENS AND/OR CHEMICAL/NERVE AGENTS AND NOT SHARED OUTSIDE THIS ORGANIZATION OTHER THAN TO COMMENCE PROPER MEDICAL TREATMENT, IF NECESSARY) YOU MAY BE TESTED FOR RADIATION CONTAMINATION/EXPOSURE AT ANY TIME SUCH AN EVENT MAY CALL FOR IT. U.S.V.E.M. RECOMMENDS ALL MEMBERS HAVE ACCESS TO A TYPE OF PERSONAL DOSIMETRY OR METER (I.E. “NUKALERT”) IN ADDITION TO POTASSIUM IODIDE PILLS.

INITIAL HERE:\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE LIST AND EXPLAIN EXPERIENCE, BRIEFLY, WITH COMMUNICATIONS DEVICES (I.E. FREQUENCY OF USE):

LANDLINE (NEVER,RARELY,SOMETIMES, DAILY)

CELLULAR PHONE

ONSTAR (~3 WATT IN-VEHICLE TRANSCIEVER)

FRS RADIOS (STORE-BOUGHT “TALKABOUTS”0.5 WATT)

GMRS RADIOS (OFTEN UHF MODELS)

AMATEUR RADIO (CALLSIGN:\_\_\_\_\_\_\_\_\_\_\_)

AMATEUR RIGS YOU HAVE ACCESS TO/OWN: (HANDHELD/MOBILE/BASE, TYPE(S) OF ANTENNA)

CITIZEN’S BAND (CB) RADIO

MARINE RADIO

SATELLITE COMMUNICATIONS (SATPHONE, MOBILE INTERNET, SUCH AS WITH AN RV)

DESCRIBE ANY EMERGENCY COMMUNICATIONS (EMCOMM) EXPERIENCE (I.E. RACES/ARES, SKYWARN NETS, ETC.):

DO YOU HAVE A SKYWARN TRAINED SPOTTER NUMBER?

PLEASE LIST THE MAJOR DISASTER EVENTS YOU HAVE EXPERIENCE WITH (I.E. HURRICANES, WILDFIRES, MAJOR FLOODING, DISASTER RELIEF VOLUNTEER, MASS CASUALTY, ETC.):

HOW DO YOU FEEL YOU WILL BENEFIT FROM THE KNOWLEDGE AND SKILLS GAINED VOLUNTEERING WITH U.S.V.E.M?

WHEN APPLYING/STUDYING EMERGENCY MANAGEMENT CONCEPTS, DOES ANYONE COME TO MIND THAT YOU BELIEVE WOULD BENEFIT FROM THIS VOLUNTEER EXPERIENCE, OR BOLSTER YOUR EXPERIENCE AS WELL?

(I.E. “MY BEST FRIEND MIGHT ENJOY THE PUBLIC SAFETY ASPECT, BUT I’M MORE INTO LEARNING ABOUT TRIAGE”)

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NEXT PAGE IS FINAL AREA OF APPLICATION

PLEASE DESCRIBE HOW YOU FEEL ABOUT YOUR PERSONAL LEVEL OF READINESS, INCLUDING HOW THAT MAY AFFECT YOUR FAMILY IN AN EMERGENCY:

WHAT AREAS DO YOU BELIEVE YOU COULD IMPROVE THE READINESS OF YOURSELF? YOUR FAMILY? YOUR FRIENDS?

DO YOU HAVE THE RECOMMENDED BASIC PREPAREDNESS ITEMS AT THE READY, SUCH AS PRE-POSITIONED GO-BAGS?

HOME KIT?

CAR?

WORK?

SCHOOL?

WHAT QUESTIONS DO YOU HAVE FOR US?

(LEAVE BLANK IF NONE)

I UNDERSTAND THAT THIS DOCUMENT IS FOR INTERNAL USE ONLY.

THIS DOCUMENT DOES NOT INFER ANY FORMAL CONNECTION, MEMBERSHIP, ASSOCIATION, OR OTHER RELATIONSHIP, OFFICIAL OR OTHERWISE, WITH UNITED STATES VOLUNTEER EMERGENCY MANAGEMENT.

**PRINT APPLICANT FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICANT SIGN HERE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: / /**

**THANK YOU FOR APPLYING TO U.S.V.E.M.**

“Putting America’s Responders First”

INTERNAL USE ONLY: DATE REVIEWED: INTERVIEW DATE: