

Volunteer Application

Your Name: (Please Print)	Phone#
Address:	E-mail:
City, State, Zip:	May we enter your information into the State Volunteer data base so you can be called in case of emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No
May we enter your contact information into the CodeRED system to deliver automated calls when we need volunteers? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Check the box that indicates how frequently you would like to volunteer.

- Occasionally
 Regularly
 Only in an emergency

Are you interested in attending training or participating in practice drills?

- Yes No

Do you have any special considerations?

Please provide the names and contact information of two personal references.

Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone#	Phone#
E-mail:	E-mail:

	Yes	No
Are you licensed to operate a motor vehicle in the state of Wyoming?	<input type="checkbox"/>	<input type="checkbox"/>
Has your license to operate a motor vehicle ever been revoked? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been convicted of a misdemeanor that resulted in imprisonment in the last 24 months? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>

I verify that the above informatin is accurate to the best of my knowledge. If this inforation is incomplete or untrue, I understand that my volunteer assignment can be terminated.

I give this agency permission to inquire into my background. I understand this may include my educational background, references, licenses, police records, and employment history and volunteer history. I also give permission for the holder of any such information to release it to this agency.

I hold this agency harmless of any liability, criminal or civil, which may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to this agency. I understand that this agency will use this information only as part of its verification of my volunteer application.

Signature: _____ Date: _____

Parent or Guardian if under age 18: _____