

Grundy County Emergency Management Agency

1320 Union Street, Room E-01

Morris, Illinois 60450-2426

(815) 941-3212 Fax: (815) 941-3456

VOLUNTEER APPLICATION FORM

(Last Name)

(First Name)

(Middle Initial)

Preferred mailing address: _____ Home _____ Business

Home address: _____
(Include number, street, city, state, zip code)

Business address: _____
(Include number, street, city, state, zip code)

Home Phone: _____ - _____ - _____ Office / Work Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____ Email Address: _____

Social Security Number: _____ - _____ - _____

Are you a licensed driver? _____ Yes _____ No

Drivers License Number: _____

Date of Birth: _____

I AUTHORIZE GRUNDY COUNTY EMA AND THOSE ACTING ON BEHALF OF GRUNDY COUNTY TO CONDUCT A BACKGROUND CHECK ON ME BASED ON THIS APPLICATION

Signed: _____

Date _____