



Longview/Gregg County Emergency Management Division

All Hazard Emergency Volunteer Application

Date: _____ Volunteer Position desired, if known: __MRC__ CERT __OTHER__

Name: _____ Gender __Female__ Male

Mailing Address _____

Home # _____ Work # _____ Cell # _____

Occupation: _____ Employer _____

Email _____ DriversLicence# _____ State _____ Date of Birth _____

Emergency Contact _____ Tele # _____

T-Shirt Size _____

Skills and/or Training. Please also list languages other than English in which you are fluent.

Please list current or previous volunteer experiences

Organization Name & Contact: _____

Address: _____ **Phone:** _____

Organization Name & Contact: _____

Address: _____ **Phone:** _____

I understand:

I will be volunteering at the discretion of the Longview/Gregg County Emergency Management Division.

I may not consume, use, possess, or be under the influence of any drug or alcohol products or carry a weapon while volunteering.

I have not been convicted and /or placed on probation for any criminal offense.

I will participate in training sessions and be available on short time notice.

I will notify the division in writing when terminating volunteer status.

Any conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust will result in dismissal.

Depending upon the nature of the volunteer assignment, it may be deemed necessary to obtain a driver's license record and/or criminal conviction history.

Signature _____ Date _____