

**LEBANON COUNTY DEPARTMENT OF EMERGENCY SERVICES  
VOLUNTEER APPLICATION**



**APPLICATION TYPE:** EOC/EMA HAZMAT / SPECIAL OPS  
OTHER \_\_\_\_\_

**APPLICANT INFORMATION:**

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

DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_ PHONE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ DRIVERS LICENSE NUMBER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: PENNSYLVANIA ZIP CODE: \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

CURRENT EMPLOYER: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

HOW LONG HAVE YOU WORKED THERE? \_\_\_\_\_ EMPLOYER PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: PENNSYLVANIA ZIP CODE: \_\_\_\_\_

POSITION: \_\_\_\_\_

**EMERGENCY CONTACT:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: PENNSYLVANIA ZIP CODE: \_\_\_\_\_

**REFERENCES:**

<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE</b>

**AUTHORIZATION AND SIGNATURES**

PLEASE LIST ALL CRIMINAL CONVICTIONS, DMV MOVING VIOLATIONS, AND OTHER PERTINENT LAW ENFORCEMENT CONTACTS ON A SEPARATE PAGE. HISTORIES ARE EVALUATED ON A CASE BY CASE BASIS AND ARE NOT AUTOMATIC DISQUALIFIERS.

I AUTHORIZE THE LEBANON COUNTY DEPARTMENT OF EMERGENCY SERVICES TO CONDUCT A BACKGROUND CHECK and OBTAIN DRIVING RECORDS. I, THE UNDERSIGNED, ATTEST THAT ALL INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY ABILITY AND THAT MEMBERSHIP IN THE LEBANON COUNTY DEPARTMENT OF EMERGENCY SERVICES IS VIEWED AS EMPLOYMENT AND I AM BOUND TO ALL RULES AND GUIDELINES SET FORTH AND MEMBERSHIP MAY BE TERMINATED IF ANY OR ALL RULES, ROLES AND/OR RESPONSIBILITIES ARE BROKEN:

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_