Wise County
Strategic National Stockpile
Emergency Volunteer Application

Personal Information-Please **PRINT LEGIBLY** and complete all information. I would like to volunteer to assist with:

☐ Local Dispensing Site Volunteer ☐ Medical Screener ☐ Non-Medical Volunteer ☐ Other _____

☐ I am a licensed health care provider Type of License (MD, Pharmacist, RN, LVN, EMT, etc.) _____
☐ I am a licensed mental health provider Type of License: (Psychologist, Psychiatrist, Social Worker, etc.) _____

Name: _____ Gender: ☐ Female ☐ Male
Last First Middle

Address (Please provide **rural** "911" address if known): _____
Address City/Town Zip

Phone: ( ) _____ ( ) _____ ( ) _____ ( ) _____
Home # Work # Cell/Mobile # Pager #

Email (Home): _____ Email (Work): _____

Occupation: _____ Employer: _____

List any special skills/training/abilities you believe would be of assistance during a community crisis situation: i.e. languages spoken or read (specify which language), sign languages (ASL, other), TTY/TDD, computer skills, construction skills, communication skills, warehouse knowledge/skills, commercial truck driving experience, counseling skills, etc.

_____

_____

Drivers License # _____ State: _____ Expiration (mm/dd/yyyy): _____

Emergency Notification: _____ ( ) _____
Name Relationship Phone

Volunteer Requirements and Responsibilities:

1. Submit complete application form and copy of Texas driver's license
2. Be at least 18 years of age
3. Hold a current valid Texas driver's license
4. Have no **felony convictions** for D.W.I., Drug-related, Sexual or Family Violence offenses
5. Participate in all required training sessions
6. Comply with worker / volunteer standards established by the Regional SNS Program Coordinator
7. Notify the County Emergency Volunteer Coordinator, in writing, when terminating volunteer status
8. Be available on short term notice.

I understand:

- That any information I have provided in this application may be disclosed to and used by the County Emergency Volunteer Coordinator and/or Team Leader for planning purposes and volunteer assignment **ONLY**.
- That, in the case of Strategic National Stockpile deployment, I may be contacted at any time (day or night).
- That all information regarding the Strategic National Stockpile is considered confidential and I will not release names, locations of warehouses, or any other sensitive information without the permission of the SNS coordinator.
- Due to the nature and content of the Strategic National Stockpile and the potential duties of volunteers, a background check may be conducted on volunteer applicants. I understand that a felony conviction for D.W.I., drug-related, sexual, or family violence offenses will disqualify me for participation as a volunteer in the SNS program and that I may be disqualified for other reasons at the discretion of the SNS coordinator.

I have read and understand the above listed requirements, responsibilities and information. I attest to the accuracy of the information I have provided on this application. I hereby authorize the County Emergency Volunteer Coordinator to receive and disclose my information to the Regional SNS Coordinator and/or SNS Team Leader for the purposes and reasons stated above.

Signature: _____ Date: _____ Received by: _____

Return completed form to: County Judge, Wise County • PO Box 393 • Decatur, Texas 76234