

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 Name

First

Middle

Address (Please provide **rural "911" address**): _____

Address

City/Town

Zip

Phone: () _____ () _____ () _____ () _____

Home #

Work #

Cell/Mobile #

Other #

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

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, communications skills, warehouse knowledge/skills, commercial truck driving experience, counselling skills, etc.:

Driver 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 Coordinator
- 7) Notify the County CRI/ Assistant Emergency Management 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 be used by the County CRI/ Assistant Emergency Management 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 permission of the SNS Coordinator.
- Due to the nature and content of the Strategic National Stockpile and the potential duties volunteers, a background check may be conducted on volunteer applicants. I understand that **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 CRI/ Assistant Emergency Management 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 application to: Wise County CRI Coordinator | 206 S. State Street | Decatur, Texas 76234