

APPLICATION FOR MEMBERSHIP - McLEAN COUNTY EMERGENCY MANAGEMENT AGENCY

Name _____ Address _____ City _____ Zip _____

Date of Birth _____ Home Phone _____ Social Security No. *LEAVE BLANK* _____

Age _____ Height _____ Weight _____ Eyes _____ Hair _____ Sex _____ Phone # _____

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____

Number of Dependents: _____ Ages of Each _____

Present Employer _____ Address _____ City _____

Working Hours: _____ A.M. _____ P.M. _____ Business Phone _____ Ext. _____

Nature of Work _____ Are you able to leave work if called? _____

Previous Employer _____ Nature of Work _____

List two references (other than former employers or relatives)

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>
1.	_____	_____	_____
2.	_____	_____	_____

Do you hold a valid driver's license? YES ___ NO ___ State _____ Number _____

Do you have a Amateur Radio License? YES ___ NO ___ Others: RACES _____ AREC _____ MARS _____

Time that you can be reached by radio: A.M. ___ P.M. ___ on _____ MHz.

Base Frequency _____ Mobile Frequency _____ Call Letters _____

List all skills and knowledge that would be of value in Emergency Situations that you now possess.

List all EMERGENCY EQUIPMENT you possess: 4-Wheel Drive Vehicle _____ Snowmobile _____

Generator ___ Tents ___ Cots ___ Search Lights _____ Chain Saws _____ Others _____

Police Record over the past ten years (excluding minor traffic offenses) _____

OATH REQUIRED OF E.M.A. PERSONNEL

I, _____, do solemnly swear (or affirm) that I will support and defend and bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of Illinois, and territory, institutions, and facilities thereof, both public and private, against all enemies, foreign and domestic; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I further swear (or affirm) that I do not advocate, nor am I, nor have I been a member of any political party or organization that advocates the overthrow of the government of the United States or of this State by force or violence; and that during such time as I am affiliated with the McLean County Emergency Management Agency, I will not advocate, nor become a member of any political party or organization that advocates the overthrow of the Government of the United States, or of this State by force or violence.

DATED _____ SIGNATURE _____

Date Accepted _____ E.M.A. Director _____