Emergency Volunteer Services

1200 E. Indian Trail Rd., Aurora, IL 60505

Phone: 630.256.5800 Email: ema@aurora-il.org



Dear Applicant:

Thank you for your interest in volunteering with the City of Aurora Emergency Management Agency Emergency Volunteer Services.

Our Agency would not be able to fulfill its mission without the hard work and dedicated service of volunteers. Our unpaid professionals contribute countless hours in order to serve their fellow residents, and make the City of Aurora a safer place to live. We are always interested in speaking to local residents who share our dedication to community service.

To be eligible, applicants must meet the following minimum requirements:

- Must be at least 18 years of age at the time of application
- Resident of Aurora¹
- · Valid Illinois Driver's License
- · Proof of Vehicle Insurance
- · Subject to a background check
- Agree to a Code of Conduct and adhere to all EMA rules and regulations
- Commit to donating a minimum of 12 hours of service every three months

Additionally, applicants must understand that as a member, they may be frequently placed in situations that require extended periods of heavy physical activity under a variety of environmental conditions.

By simply contacting us and inquiring, you will have completed the first step.

After you have completed and returned your application, the Aurora Emergency Management Agency will review your application and perform a security/background check in coordination with Human Resources Department and reference checks will be conducted. You will be contacted for an interview after results of the background checks are returned. We ask that you also bring copies of any certifications or licenses you may have (i.e. Emergency Medical Technician, Hazardous Materials Operations Certification, Amateur Radio License, FEMA courses, etc.). These items are not needed to be a member, but those skills can be of use in your area of interest.

Your willingness to volunteer is greatly appreciated,

Natalie E. Wiza

AEMA Coordinator

¹Those residing more than 10 miles outside of the corporate limits of Aurora may apply for a volunteer position, but are prohibited from responding to emergency call-outs from home.

Please note: We do not accept court-ordered community service hours.

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| Contact Information | |
|---|----------------|
| Name (First and Last): | Date of Birth: |
| Street Address: | |
| City, State, Zip: | |
| Driver's License Number: | |
| | Cell Phone: |
| | |
| | Relationship: |
| | |
| Vehicle Information | |
| Make: | Model: |
| Color: | Plate Number: |
| Have you been in an accident in the past three years? | []Yes []No |
| If yes, please explain: | |
| | |
| Auto Insurance Group: | Policy Number: |
| Contact Information: | |

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| Military Service | | | | | |
|----------------------|---------------------|-------------------------|--------------|-------------|-----------|
| Branch: | | | [] Active | [] Reserve | [] Guard |
| From: | to _ | | | | |
| Are you presently a | member of a Reserve | or National Guard unit? | [] Yes [] | No | |
| Education | | | | | |
| Highest level of edu | ıcation completed: | | | | |
| [] High School | [] Associate | [] Bachelor | [] Graduate | []Trade/V | ocational |
| Interests | | | | | |
| Mark all that apply: | | | | | |
| []Traffic | | | | | |
| [] Ham/Auxiliary C | Communications | | | | |
| [] Public Education | n and Resiliency | | | | |
| [] Ground Search | and Rescue | | | | |
| [] Weather | | | | | |
| [] Emergency Oper | rations Center | | | | |
| [] Other, please ex | xplain: | | | | |

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Summarize previous experience as a volunteer:

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| Skills or Qualifications | | | | |
|---|--|--------------------------------|----------|-------|
| Have you applied to or been a member of or any other Emergency Management A | []Yes | [] No | | |
| If yes, please explain: | | | | |
| | | | | |
| Are you now or have you ever been a me | []Yes | []No | | |
| Are you now or have you ever been a La | []Yes | [] No | | |
| Are you an Amateur Radio Operator? | | | []Yes | []No |
| If yes, please provide: | Call Sign: | Class: | | |
| Check the appropriate line for any certi | fications that you possess. Attach copie | s to completed appl | ication. | |
| [] HazMat Awareness | [] First Aid | [] Traffic Management | | |
| [] HazMat Operations | [] CPR/AED | [] CERT | | |
| [] NIMS Training | []EMT | [] Search and Re | scue | |
| [] IEMA Training | [] First Responder | [] NWS Severe Weather Spotter | | |
| [] Other Specialized Training: | | | | |

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Limitations

Some volunteer roles and responsibilities will require walking, reaching, and standing for long periods of time, lifting

| 50lbs, night driving, exposure to emergency lighting and so other limitations that would affect the type of work you are | |
|---|---|
| Please explain: | |
| | |
| | |
| Employment | |
| | |
| Current Employer: | |
| Employer Address: | |
| Employer Phone: | Length of Employment: |
| May we contact your current employer? | []Yes []No |
| References | |
| Please provide three personal references that you have kno | wn for at least five (5) years, no relatives: |
| Name: | Phone: () |
| Name: | Phone: () |
| Name: | Phone: () |

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Narrative

Briefly explain why you want to become a volunteer member of AEMA and the skills you can provide to the service:

Availability

Please check the day(s)/time(s) you have general availability for agency duties.

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------------------|--------|--------|---------|-----------|----------|--------|----------|
| Days 7A - 3P | | | | | | | |
| Evenings 3P - 11P | | | | | | | |
| Nights 11P - 7A | | | | | | | |

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Authorization Statement

By signing below, I hereby submit my application to be a volunteer member of the Aurora Emergency Management Agency. As part of this application, I acknowledge the following:

- I agree to be subject to a background check.
- I have never been convicted of a felony.
- · I do not use any controlled substance other than that which has been prescribed to me by a physician.
- I understand the City of Aurora and Emergency Management Agency have a zero tolerance policy for the
 use of cannabis and alcohol while acting within the role as a volunteer, including while using vehicles and
 equipment.
- I understand and agree that the use of my image, while acting as a volunteer member of the Emergency Management Agency, may be used for:
 - promotional material on social media, traditional media, and affiliated websites;
 - historical documentation of volunteer activities; and/or
 - · public presentations and reports for the City of Aurora or any other promotional or educational setting.
- I am not a member of an organization that advocates the overthrow of the government of the United States of the State of Illinois by violence or threat of violence.
- I am willing to comply with all agency rules and regulations, and to all lawful orders given to me by agency staff and supervisory personnel.
- If accepted, I agree to take the oath for Aurora Emergency Management Agency personnel.

I attest that the information contained in this application is truthful and accurate. I understand that my membership with the AEMA may be terminated at any time for any willful omission or misstatement on this application. I grant my permission for the City of Aurora, the Aurora Emergency Management Agency, and its agents to conduct a background investigation to determine my fitness as a volunteer member. I understand that my application may be denied for any reason and without recourse.

| Printed Name | | Signature | | Date |
|------------------------------|--------|---------------------------------------|--------------------------------|--------|
| | | Below is for Office Use Only | y | |
| 1 - Routing | | 2 - Human Resources/APD | 3 - Coordinator | |
| Date Received: Initials: | | Background Check: Date: Pass or Fail | Volunteer Approval: Signature: | Y or N |
| Interviewer: | | | Date: | |
| Recommend Date: | Y or N | Security Clearance Date: Pass or Fail | Acceptance letter date sent: | |
| Interviewer: Recommend Date: | Y or N | | | |