

# Effingham County Emergency Management Agency Volunteer Application

**THIS APPLICATION IS FOR INFORMATIONAL PURPOSES ONLY.  
YOU ARE NOT OBLIGATED TO VOLUNTEER BY SUBMITTING IT.**

## Personal Information

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

(\_\_\_\_)\_\_\_\_-\_\_\_\_  
*Home Phone*

(\_\_\_\_)\_\_\_\_-\_\_\_\_  
*Cell Phone*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*E-Mail Address*

### Check Association of Interest:

**Rapid Needs/Damage Assessment**

**Four Wheel Drive Response**

**Emergency Operations Center Staff**

**Radio and Social Media Communications**

**Generator Operations**

**Weather Spotter**

**SPECIAL SKILLS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EFFINGHAM COUNTY EMERGENCY MANAGEMENT AGENCY  
311 MIRACLE AVENUE  
EFFINGHAM, IL 62401  
ema@co.effingham.il.us  
217-540-1669**