



Cowley County Emergency Auxiliary Volunteer Application

Name (Last, First, Middle) _____

Address _____ City _____ Zip _____

Telephone: Home _____ Work _____

E-Mail _____ Cell Phone _____ Pager _____

Employer _____

How long at present job? _____

Work Hours or Schedule _____

Drivers License Number and State _____ Social Security # _____

Date of Birth _____ Marital Status _____

Name of Spouse _____

What hours would you be available? _____

Please indicate any special training such as CPR, First Aid, Traffic Control, etc. _____

Have you ever been convicted of a felony? _____ If yes, state the offense, disposition and
current status _____

I hereby certify I have filled out the above application truly and accurately and that I understand the information on my application may be investigated to determine the accuracy of information, including verification that I possess a valid driver's license and current automobile liability insurance. I further understand a background investigation of character may be conducted by or on behalf of the Cowley County Emergency Auxiliary, and agree to allow the release of information necessary for such investigation. I also understand that I am required to attend all meetings of the auxiliary pending the outcome of any investigations.

Signature _____ Date _____

Dues are \$18.00 annually, pro-rated from the date of acceptance of application.