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| --- |
| Volunteer Application Volunteers have the following opportunities in which to serve with Bellevue Fire, OEM Division:   * As a member of our Bellevue Communication Support (BCS) group. * As a member of our Citizen Corps Council, which has the following positions available:   + Neighborhood Representative, responsible for administration of organized neighborhood emergency response teams through the Map Your Neighborhood program.   + Events & Promotions, responsible for making sure Bellevue OEM is represented adequately at events around the city of Bellevue and in other mediums. * As a member of Bellevue Community Emergency Response Team (CERT), works with CERT Leaders to support planning, logistics, and scheduling of drills for the city of Bellevue.   + Must have taken CERT Basic Training (separate application for course attendance, graduates of neighboring jurisdictions accepted).   All applicants to the Bellevue Fire’s Office of Emergency Management volunteer groups must meet the following minimum qualifications:   * U.S. citizen or current work visa/green card. * At least 21 years of age (18 for non-paid student interns). * No prior felony or misdemeanor arrests and/or convictions. * No use/possession of illegal narcotics (including marijuana) within the past 3 years. * No sale or manufacture of illegal narcotics (including marijuana) ever. * No recent history (last 10 years) of alcohol or drug abuse/addiction (including   prescription drugs).   * No history of chronic mental or emotional illness. * Ability to successfully pass background investigation and interviews.   Other individual factors, as well as behavior which does not reach the level of severity of that listed above, may be grounds for non-acceptance. The Office of Emergency Management has sole discretion in accepting or declining any individual's application based on its determination of the applicant's suitability to volunteer in a public safety environment. |
|  |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Street Address |  |
| City, State, ZIP Code |  |
| Home Phone |  |
| Cell Phone |  |
| Work Phone |  |
| E-Mail Address |  |

### Have you ever been arrested or detained, even as a juvenile?

If yes, give date(s) location, charges, and disposition for each incident. Include arrests which were dismissed, sealed, expunged, or otherwise disposed of, and cases still pending:

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## Availability

Appointments may include daytime and/or evening meetings on a regular basis. When are you available?

|  |  |
| --- | --- |
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |

## Interests

### Which volunteer program are you interested in?

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| --- |
| Bellevue Communication Support (BCS)  \_\_\_ Community Emergency Response Team (CERT) member |
| Citizen Corps Council Neighborhood Representative |
| If you selected Citizen Corps Council Neighborhood Representative, which neighborhood are you interested in representing? Or CERT – which neighborhood do you live in? |

## Education and/or Work Experience

### Summarize your education and work experience to date.

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| --- |
|  |

## Previous Volunteer Experience

### Summarize your previous volunteer experience.

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|  |

Have you volunteered previously with the City of Bellevue?

If yes, please indicate the program and the dates served:

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| --- |
|  |

## References

|  |  |
| --- | --- |
| Name |  |
| Home Phone |  |
| E-mail Address |  |
| Relationship to You |  |
| Name |  |
| Home Phone |  |
| E-mail Address |  |
| Relationship to You |  |
| Name |  |
| Home Phone |  |
| E-mail Address |  |
| Relationship to You |  |
| Name |  |
| Home Phone |  |
| E-mail Address |  |
| Relationship to You |  |
| Name |  |
| Home Phone |  |
| E-mail Address |  |
| Relationship to You |  |

Do you give consent for us to contact the references you have provided?

## Agreement

I certify that the information contained in this application is true and completed to the best of my knowledge. My printed name below serves as my authorized electronic signature.

|  |  |
| --- | --- |
| Name (printed) |  |
| Date |  |

## Submission

Done? Make sure to submit this application to [OEMPublicEd@bellevuewa.gov](mailto:OEMPublicEd@bellevuewa.gov), or mail to P.O. Box 90012 Bellevue, WA 98009. **Please make sure to either mail or attach a copy of your driver’s license in addition to your application – failure to do so will result in delays with processing of your application.**

### Thank you for completing this application form and for your interest in volunteering with us!