



# Lincoln County

## OFFICE OF EMERGENCY MANAGEMENT

34 Bath Road, P.O. Box 249

Wiscasset, Maine 04578

Phone: (207) 882-7559 Fax: (207) 882-7550



## HAM Team Application

Please complete this form and return to Lincoln County EMA Director.

**Please print clearly in block letters.**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of application: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

STREET ADDRESS/ CITY /STATE/ ZIP CODE: \_\_\_\_\_

Mailing address if different: \_\_\_\_\_

Amateur Radio Call Sign: \_\_\_\_\_ **OR** N / A

**Brief description of work you currently do or have done in the past:**

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Special skills or training: \_\_\_\_\_

Prior volunteer experiences: \_\_\_\_\_

List memberships in community organizations: \_\_\_\_\_

Do you have reliable transportation: **YES / NO**

Are there any limitations or health conditions that should be taken into consideration in terms of determining a volunteer assignment? If yes, please explain: (if more space is needed write on the backside of this page.)

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Have you ever been convicted in a court of law? **YES / NO**

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**References are required**

Please list the names of two references are not relatives with contact phone number.

1. \_\_\_\_\_
2. \_\_\_\_\_

Please list the names two relatives with contact phone number and their relationship to you to contact in case of an emergency.

1. \_\_\_\_\_
2. \_\_\_\_\_

**Confidentiality Statement:**

I, \_\_\_\_\_, a volunteer/volunteer applicant of Lincoln County EMA, understand and agree that any confidential information regarding, employees, visitors and fellow volunteers, or any other information which is disclosed to me and explained as being confidential is confidential. I understand that if I disclose any such confidential information that this could lead to disqualification as a volunteer applicant or dismissal as a volunteer.



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**Photo and Publicity:**

Lincoln County EMA has permission to use my image for public relations purposes. **YES / NO**

**Consent for Criminal Background Check**

A criminal background check is required before an applicant may be considered for a volunteer position at Lincoln County EMA. Background checks are administered by Lincoln County Sheriff's Office and are done at no charge to the volunteer applicant. Failure to disclose infractions that may appear on an applicant's background check in advance will disqualify the applicant from consideration in the program.

I hereby acknowledge the following convictions may appear on my criminal background check:

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I authorize Lincoln County Emergency Management Agency to administer a criminal background check on my behalf.

I certify that all of the information above is to the best of my knowledge and believe true, correct, and complete.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Revised July 2017