

## **Volunteer Application**



## Return completed application to:

City of Austin Office of Homeland Security and Emergency Management P.O. Box 1088, Austin, TX 78767
Phone (512) 974-0471 \* Fax (512) 974-0499
linda.haynie@austintexas.gov

If you fax your application please follow up if you have not heard back with in a week. Faxes do get lost!

Name (Last, First, M.I.)		ow did you hear about us?
Address, City, State, Zip		
Home Phone Work Phon	ne	
Cell Phone Pager		
E-mail Address		
Employment History		
Current employment status:    Employed   Not Employed   Retired   Student (18 or older)	If employed	d, name and address of employer:
Your current or former occupation:	Current or former volunteer work:	
Character References		
Please list two character references:		
Name:	Name:	
Address:	Addres	SS:
Phone:	Phone:	
Relation:	Relation	on:

## Signature

I certify that the above information is complete and true. I understand that references will be contacted and a background check processed. I understand that the City of Austin Office of Homeland Security and Emergency Management (HSEM) is not obligated to assign me if, in HSEM's professional judgement, it would not be in my best interest or the best interest of HSEM.

**Applicant's Signature:** 

Date: