



# VILLAGE OF ALGONQUIN ALERT VOLUNTEER APPLICATION

*(PLEASE TYPE OR PRINT IN INK)*

We welcome you as an applicant for membership to the Village of Algonquin's **ALERT** Team. It is the policy and intent of the Village of Algonquin to provide equal opportunity to all persons. Our policy prohibits discrimination because of race, color, religion, national origin, political affiliation, marital status, physical or mental handicap, sex, age, or other protected categories, in all aspects of our personnel policies, programs, practices, and operations. This policy applies to all phases of operations.

All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible membership with the Village of Algonquin's **ALERT** Team. Please furnish us with complete information as outlined in this application. Incomplete applications may not be considered.

### PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	
ADDRESS	CITY	STATE	ZIP
CELL PHONE NO.	E-MAIL ADDRESS		
HOME TELEPHONE NO.			
DO YOU HAVE A VALID DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO PLEASE ATTACH A COPY.	ARE YOU AT LEAST 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		

### EDUCATIONAL INFORMATION

TYPE OF SCHOOL	NAME OF SCHOOL	DEGREE	MAJOR
COLLEGE/ UNIVERSITY			
COLLEGE/ UNIVERSITY			
TECHNICAL			
OTHER			
List any languages you speak, read, or write:			

### PERSON TO NOTIFY IN CASE OF EMERGENCY

Name	Relationship	Cell Phone
Home Phone	Work Phone	Email Address

### AVAILABILITY

Tell us which hours you are available for volunteer assignments (please check all that apply):

<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekday evenings
<input type="checkbox"/> Weekend mornings	<input type="checkbox"/> Weekend afternoons	<input type="checkbox"/> Weekend evenings

## **VOLUNTEER EXPERIENCE**

Please tell us why you'd like to volunteer for the Village of Algonquin:
List any experience you have volunteering for another organization:
List any work experience, skills, or hobbies that you feel would benefit our volunteer group:
List any special courses, skills, training sessions, licenses, or certificates relating to emergency management:
List any experience you have working with animals:

## **INTERESTS**

Tell us in which areas you are interested in volunteering (please check all that apply):

<input type="checkbox"/> Working a table processing forms	<input type="checkbox"/> Coordinating Volunteers	<input type="checkbox"/> Coordinating Donations
<input type="checkbox"/> Enter data and check information as needed	<input type="checkbox"/> Perform simple repair jobs	<input type="checkbox"/> Physical Labor (e.g. sandbagger, haul debris, etc.)
<input type="checkbox"/> Aide volunteer & staff rest areas	<input type="checkbox"/> Supply Assistant at work stations and deliver needed supplies	<input type="checkbox"/> Set up and manage canteen/kitchen area
<input type="checkbox"/> Assisting residents	<input type="checkbox"/> Transport people to and from sites	<input type="checkbox"/> Working a call center
<input type="checkbox"/> Working at a shelter for those displaced from their homes	<input type="checkbox"/> Damage Assessment	<input type="checkbox"/> Weather Spotting
<input type="checkbox"/> Working at a shelter for lost animals	<input type="checkbox"/> Educator: Provide information about the situation/process	<input type="checkbox"/> Disaster Preparedness Education
<input type="checkbox"/> Interpreter (requires foreign language and/or sign language skills)	<input type="checkbox"/> Site Control: be assigned a location to watch and report back to authorities	<input type="checkbox"/> Communications

### **NOTICE TO APPLICANTS**

**(PLEASE READ BEFORE RETURNING THE APPLICATION)**

I UNDERSTAND AND AGREE THAT ALL INFORMATION FURNISHED IN THIS APPLICATION MAY BE VERIFIED BY THE VILLAGE OF ALGONQUIN OR ITS AUTHORIZED REPRESENTATIVE. I WAIVE ANY RIGHT I MAY HAVE TO RECEIVE NOTIFICATION FROM ANY INDIVIDUALS AND ORGANIZATIONS NAMED OR REFERRED TO IN THIS APPLICATION PRIOR TO THE RELEASE OF ANY EMPLOYMENT INFORMATION TO THE VILLAGE OF ALGONQUIN. I HEREBY AUTHORIZE ALL INDIVIDUALS IN ORGANIZATIONS NAMED OR REFERRED TO IN THIS APPLICATION AND ANY LAW ENFORCEMENT ORGANIZATION, TO GIVE THE VILLAGE ALL INFORMATION RELATIVE TO SUCH VERIFICATION AND HEREBY RELEASE SUCH INDIVIDUALS, ORGANIZATIONS, AND THE VILLAGE OF ALGONQUIN FROM ANY AND ALL LIABILITY FOR ANY CLAIM OR DAMAGE RESULTING FROM THIS VERIFICATION PROCESS.

I CERTIFY THAT ALL FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT OMISSION OR MISREPRESENTATION OF FACTS MAY RESULT IN A REJECTION OF THIS APPLICATION, OR DISMISSAL IF SUBSEQUENTLY DISCOVERED. I UNDERSTAND AND AGREE THAT IF SELECTED AS AN ALERT MEMBER, MY MEMBERSHIP WITH THE VILLAGE OF ALGONQUIN'S ALERT TEAM CAN BE TERMINATED AT ANY TIME WITH OR WITHOUT NOTICE AND WITH OR WITHOUT CAUSE AT THE OPTION OF EITHER THE VILLAGE OR. I FURTHER UNDERSTAND THAT NO DOCUMENT, INCLUDING BUT NOT LIMITED TO, THIS APPLICATION, A POLICY OR PROCEDURE MANUAL, OR A HANDBOOK, REPRESENTS A CONTRACT.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Return completed application to: Village of Algonquin, Attn: Human Resources  
2200 Harnish Drive, Algonquin, IL 60102**