

**Effingham County**  
***Emergency Management Agency***

Volunteer Application

Name: \_\_\_\_\_

Date: \_\_\_\_\_



**PERSONAL INFORMATION**

1. Name: \_\_\_\_\_
2. Present Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_
4. Phone Number: \_\_\_\_\_  
Main Contact Number: \_\_\_\_\_
5. How long have you lived in Effingham County? \_\_\_\_\_
6. Email address: \_\_\_\_\_
7. Military: Honorable Discharge?: Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_
8. Highest grade of school completed: \_\_\_\_\_
9. Do you have any special skills or training that would be helpful?  
\_\_\_\_\_  
\_\_\_\_\_
10. Do you read, write or speak any foreign language? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, please list: \_\_\_\_\_
11. Have you ever been the subject of an internal investigation? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Have you ever been arrested, charged, indicted, or convicted of felony offense? \_\_\_\_\_
13. Are there currently any charges pending against you for any criminal offense? \_\_\_\_\_
14. Do you possess a valid Georgia Drivers License? Yes \_\_\_ No \_\_\_\_\_ Class \_\_\_\_\_
15. Marital Status  
Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_  
Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

16. Are you currently under a doctor's care for any of the following medical conditions which could affect your ability to perform any task?

\_\_\_\_\_

Heart Condition \_\_\_\_\_ Back injury or chronic ailment \_\_\_\_\_ Asthma \_\_\_\_\_

Hypertension \_\_\_\_\_ Other (please specify) \_\_\_\_\_

17. List any medications, materials, insects, ect. To which you may be allergic:

\_\_\_\_\_  
\_\_\_\_\_

18. Whom should we contact in case of emergency? \_\_\_\_\_

Relationship to you? \_\_\_\_\_

Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

19. List the names and telephone numbers of three people who are not related to you, and have known you for at least three years.

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

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

3. \_\_\_\_\_

20. Do you have any direct interest in Emergency Management? Such as Volunteer Coordinator, Logistics, community outreach, etc?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Please fill out page 4 and have notarized for your background investigation.  
If you have any questions please feel free to contact the Director of Operations  
Ed Myrick at 912-754-8200 or [eema@effinghamcounty.org](mailto:eema@effinghamcounty.org)

**CRIMINAL JUSTICE EMPLOYMENT RELEASE  
WAIVER FOR CRITICAL ENTRY VOLUNTEERS**

**CONSENT TO BACKGROUND INVESTIGATION**

TO: Ed Myrick - Director  
EFFINGHAM COUNTY EMA  
601 N. LAUREL STREET  
SPRINGFIELD, GA 31329

RE: SIGNATURE: \_\_\_\_\_ SSN: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

DRIVERS LICENSE #/STATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

SEX \_\_\_\_\_ RACE \_\_\_\_\_ HGT \_\_\_\_\_ WGT \_\_\_\_\_

Accept this instrument as my personal request and authorization to conduct a comprehensive personal background investigation, including pending charges of any description, a complete traffic history, criminal history (including first offender status, if applicable), credit history report, medical records, full and complete disclosure of the records of educational institutions, financial statements and records, wherever filed; Veterans administration; employment and re-employment records, including background reports, polygraph examinations or reports, efficiency rating, complaints or grievances filed by or against me. Furthermore, I voluntarily, FULLY CONSENT TO UNDERGO PHYSICAL, PSYCHOLOGICAL, PSYCHOMETRIC, AND URINALYSIS DRUG SCREEN TESTING. I am fully aware, and consent that the information gathered in this screening process, be made known to the officers and employees of Effingham County Sheriff's Office, as well as the officers and employees of the Effingham County Personnel Department and the Georgia Peace Officer Standards and Training Council. I am aware that such information is required for application for POST certification as a law enforcement officer, and for employment with the Effingham County Sheriff's Office. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. Therefore, I AGREE THAT THE INFORMATION ACQUIRED IN THIS INVESTIGATION BE USED FOR EMPLOYMENT, TERMINATION, OR DISCIPLINARY DETERMINATIONS, and that such information becomes a matter of public information and is accessible to the public under existing state laws.

In consideration of making application for employment, and in complete understanding of the foregoing facts and possible results, I agree to hold to all elements of this release waiver, and further agree TO HOLD HARMLESS, SHERIFF JIMMY McDUFFIE AND FROM ANY CIVIL LIABILITY OF ANY KIND OR DESCRIPTION, and INCLUDING ANY ACT OF OMISSION OR COMMISSION.

This declaration is made freely and voluntarily without fear of punishment of promise or reward, and with full and complete understanding of the terms and consequences of my action.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. \_\_\_\_\_ (L.S.)  
(Legal signature)

Sworn to in the presence of \_\_\_\_\_  
Notary Public