



NATRONA COUNTY EMERGENCY MANAGEMENT

NATRONA COUNTY SHERIFF'S OFFICE
201 North David Street Casper, Wyoming 82601

(307) 235-9205

ncema@natronacounty-wy.gov

307 235-9252 FAX

John Harlin
Sheriff

Stacia Hill
Coordinator

Bart Olson
Under Sheriff

Brad Legler
Resident Deputy Sergeant

VOLUNTEER APPLICATION

The information provided will be held in strict confidence, used for the purpose of determining suitability to the Volunteer Program, and for maintaining an individual volunteer file. The Natrona County Sheriff's Office is not obligated to accept volunteer services, and the final discretion for acceptance into the program will be with the Natrona County Sheriff or designee. Applicants are required to be a minimum of 18 years of age at time application, have been a resident of Natrona County for at least 1 year, and have not been convicted of a felony crime, and are required to submit to a drug screen.

Completely fill out the application and submit to the Natrona County Sheriff's Office, Emergency Management Division located at 201 N. David St., 2nd Floor, Casper, WY 82601 or email to ncema@natronacounty-wy.gov.

Today's date: _____

Applicant Name: _____
(First) (Middle) (Last)

Date of Birth: _____

Social Security Number: _____

* Your social security number is needed for workman's compensation, and to conduct a background check.

Driver's License: _____
(State) (License Number) (Endorsements)

Height: ___ Ft. ___ In. Weight: ___ Hair Color: ___ Eye Color: ___

Blood Type: ___ Drug Allergies: _____

Physical Home Address: _____

Mailing Address: Same _____

If you have been at the above address for less than 1 year, please list your previous address:

Primary Phone: _____ Secondary Phone: _____

Cell Phone: _____ Work Phone: _____

Email: _____

How long have you been a resident of Natrona County: _____

Emergency Contact Name: _____

Relationship to you: _____

Primary Phone: _____ Secondary Phone: _____

Cell Phone: _____ Work Phone: _____

Physical Address: _____

Employer: _____

How long have you been employed: _____

Do you have a criminal record? _____ Yes No _____ If Yes, Explain: _____

Do you have any physical or medical limitations: _____ Yes No _____

*This information is needed to determine appropriate assignment within the team.

If Yes, Explain: _____

Why do you want to join the Volunteer Program? _____

Do you have any previous volunteer experience? If so, please explain: _____

List any related training or classes which you have successfully completed and can provide Documentation and/or certificates for:

All personal equipment used in any operations is required to have insurance coverage that is appropriate to the equipment type. Natrona County Insurance coverage is either limited, or not applicable, in many areas in regards to your personally owned equipment. Any vehicle you drive to call out location(s), from the time you are called out to the time you are dismissed, must carry an appropriate level of insurance coverage.

I understand the above statement:

Signature: _____

Please list the vehicles(s) you intend to use for Volunteer operations:

<i>Vehicle</i>	<i>Insurance Company</i>	<i>Policy Number</i>

The undersigned states the above information is true and correct. Any falsification, or omission, of information is cause for denial of application. I further understand the information provided in this application will be used for a background investigation to determine eligibility. All application information will be kept confidential.

Signature: _____ **Date:** _____