



**VOLUNTEER APPLICATION: PEMA AUXILIARY COMMUNICATIONS SERVICE (ACS)**

**APPLICANT INFORMATION:**

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Suffix: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**POSITION APPLYING FOR:**

- Active Member:** *Valid License or Certification and is available to respond for ACS Activations and Exercises.*
- Auxiliary Member:** *No License or Certification but is available to assist during ACS Activations and Exercises.*
- Associate Member:** *Valid License or Certification but has limited availability to respond.*

**LOCATION APPLYING FOR:**

PEMA HQ	Central Area Office	Eastern Area Office	Western Area Office
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**CERTIFICATES, LICENSES, AND SPECIAL SKILLS:**

License/Certification Number: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other Skills: \_\_\_\_\_

\_\_\_\_\_

FEMA Incident Management Training:    ICS-100    ICS-200    ICS-800    ICS-300    ICS-400

ARRL Level 1 or Kentucky EmComm Course    Yes    No

Other EmComm Training (*Please List*): \_\_\_\_\_

\_\_\_\_\_

Other Emergency Related Training (*Please List*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you volunteer with the following agencies/organizations:

County ARES/RACES

MARS

CAP

USCGAUX

Do you volunteer with any other Emergency Response Related agencies/organizations (please list): \_\_\_\_\_

**AREAS OF INTEREST:**

Please describe the areas in which you would most like to serve/participate: \_\_\_\_\_

**EXPERIENCE:**

List any paid/unpaid experience in Emergency Response or Emergency Communications or which would qualify you for the position you are applying for: \_\_\_\_\_

**CRIMINAL HISTORY:**

*A "yes" answer is not necessarily a bar to being able to volunteer. Your application will be considered and you may be asked for additional information and we will review the job-relatedness of your criminal history record. Please bring anything related to your criminal history to the interview.*

Were you ever convicted of a criminal offense? **OR** Are you now under charges for a criminal offense?  
**OR** Have you ever forfeited bond or collateral in connection with a criminal offense?

Yes      No

**VERIFICATION OF EXPERIENCE AND TRAINING:**

Do we have your written permission for the verification?      Yes      No

If you do not grant permission to verify your experience and training and you subsequently are appointed or promoted you may then be required to provide proof that you possess the experience/training that you claim.

**VERIFICATION DECLARATION:**

I understand that by submitting this completed Application for Employment/Promotion to the PEMA ACS I am agreeing to be bound by the following declaration: "I declare that all of the information I have provided on this application, and on any other required supplement or document also provided by me, is complete, accurate, true and correct. I make this declaration to the penalties of 18 PA.C.S. 4904 relating to unsworn falsification to authorities."

\_\_\_\_\_      \_\_\_\_\_  
(Signature)      (Date)

**PEMA USE ONLY:**

Date Application Received at PEMA HQ: \_\_\_\_\_

List accompanying documentation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewed by:      PEMA ACS Officer      PEMA ACS Coordinator      PEMA HR Dept.

Interviewed by: (1.) \_\_\_\_\_ (2.) \_\_\_\_\_

Background Check Completed:      Yes      No

Final Disposition: \_\_\_\_\_      Applicant Notified:      Yes      No

Date of Hire (if applicable): \_\_\_\_\_      Position: \_\_\_\_\_

Date of Promotion (if applicable): \_\_\_\_\_      Position: \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_  
(ACS Officer's Signature)      (ACS Coordinator's Signature)