



215 W. Main Street | P.O. Box 546 | Clarksville, Arkansas 72830
Office: 479-754-6383 | Fax: 479-754-8424 | www.jcdem.org

JOHNSON COUNTY

DEPT OF EMERGENCY MANAGEMENT

VOLUNTEER APPLICATION

Revision 2025-12-02

PLEASE PRINT OR TYPE EVERYTHING EXCEPT SIGNATURE AT BOTTOM OF FORM

Group you wish to volunteer with (Check All that Apply)

- ☐ Auxiliary Communications (AUXCOMM) ☐ Emergency Management
☐ Fire Department: _____ ☐ Search and Rescue

Last Name: _____ First: _____

Preferred Name: _____

Cell Phone: _____ Cell Phone Provider: _____

2nd Phone: _____ 2nd Phone Provider/Type: _____

Additional Phone #: _____

E-mail: _____

Driver's License Number: _____ State: _____ Expiration: _____

Street Address: _____ Apartment/Unit #: _____

City: _____ State: _____ Zip: _____

Mailing Address (If Different) _____

DOB: ____ / ____ / ____

Are you a citizen of the United States? ☐ Yes ☐ No

If no, are you authorized to work in the U.S.? ☐ Yes ☐ No

Have you ever been convicted of a felony?

☐ No ☐ Yes, explain (use separate sheet if needed): _____



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Have you ever been convicted of a misdemeanor for a violent, sexual, or theft related crime?

☐ No ☐ Yes, explain (use separate sheet if needed): _____

Are you currently or have you been on probation within the last 5 years?

☐ No ☐ Yes, Probation Officer: _____

Could you otherwise be prohibited from service by AR Code 17-3-102 (Licensing restrictions based on Criminal Records)?

☐ No ☐ Yes, explain (use separate sheet if needed): _____

Has your driver's license ever been revoked or suspended?

☐ No ☐ Yes, explain (use separate sheet if needed): _____

Shirt Size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL ☐ Other _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Do you have any medical conditions or medical history that could affect your participation in emergency operations?

☐ No ☐ Yes (Please Specify; use separate sheet if needed): _____

CERTIFICATIONS / TRAINING RELATED TO THE POSITION YOU ARE APPLYING FOR

Have you completed any FEMA ICS/NIMS classes? (Check all that apply & submit a copy of certificates)

☐ None ☐ IS-100 ☐ IS-200 ☐ IS-700 ☐ IS-800

☐ IS-300 ☐ IS-400

☐ Other (use separate sheet if needed): _____

Do you have a current HazMat certification? (submit copy of certificate)

☐ None ☐ Awareness ☐ Operations ☐ Technician

Have you completed a Traffic Incident Management course?

☐ No ☐ Yes (submit copy of certificate)



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Have you completed any Arkansas Fire Training Academy (AFTA) or certified fire training?

(Check all that apply & submit a copy of certificates)

- ☐ None ☐ AFTA Intro ☐ AFTA PPE ☐ State Forestry Wildland
☐ Other (Please Specify; use separate sheet if needed): _____

Do you have SKYWARN storm spotter training? ☐ No ☐ Yes (submit copy of certificate)

Do you have a current CPR/AED certification? ☐ No ☐ Yes (submit copy of certificate)

Do you have any medical training? (Check all that apply & submit a copy of certificates)

- ☐ None ☐ American Red Cross First Aid ☐ AFTA 1st Responder Course (40hr)
☐ EMR (AR Licensed) ☐ EMT-B (AR Licensed) ☐ Paramedic (AR Licensed)
☐ Basic WFA ☐ WFA ☐ WFR ☐ WEMR ☐ WEMT
☐ Other (Please Specify; use separate sheet if needed): _____

Do you have any Search and Rescue (SAR) training or certifications?

(Check all that apply & submit a copy of certificates)

- ☐ None ☐ NASAR ISAR Course ☐ NASAR FUNSAR Course
☐ NASAR ADSAR Course ☐ NASAR SAR Initial Actions ☐ NASAR MLPI
☐ NASAR USM ☐ dBS Lost Person Behavior ☐ ERI IRIC
☐ NASAR SARTech IV ☐ NASAR SARTech III ☐ NASAR SARTech II
☐ NASAR SARTech I ☐ NASAR Tracker ☐ PTS SAR Tracker 1
☐ CAP GTM3 ☐ CAP GTM2 ☐ CAP GTM1 ☐ CAP GTL
☐ Other (Please Specify; use separate sheet if needed): _____

Do you have an Amateur Radio license from the FCC?

- ☐ No, but interested in getting one ☐ No, and not interested
☐ Yes (Specify call sign): _____

Do you have a FAA Part 107 sUAS License?

- ☐ No, but interested in getting one ☐ No, and not interested
☐ Yes (Specify License number): _____





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Additional Optional Information

- Provided Medical information will be encoded on Credential Card for emergency use

Height: _____ feet _____ inches Weight: _____ lbs

Hair Color: _____ Eye Color: _____

Gender: ☐ Male ☐ Female ☐ Non-Binary ☐ Other/Unknown

Blood Type: _____ Normal Blood Pressure: _____ / _____

Normal Resting Pulse: _____ Normal Respirations: _____

Are You an Organ Donor: ☐ Yes ☐ No

Allergies: _____

Medications: _____

EDUCATION *(Optional)*

High School _____ City & State _____

From _____ To _____ Did you graduate? ☐ Yes ☐ No

College _____ City & State _____

From _____ To _____ Did you graduate? ☐ Yes ☐ No

Other _____ City & State _____

From _____ To _____ Did you graduate? ☐ Yes ☐ No

CURRENT EMPLOYMENT *(Optional)*

Company: _____

Phone: _____

Address: _____

Job Title: _____