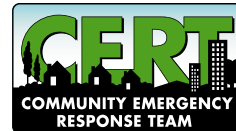




# Volunteer Application



**Return completed application to:**  
 City of Austin Office of Emergency Management  
 P.O. Box 1088, Austin, TX 78767  
 Phone (512) 974-0477 \* Fax (512) 974-0499  
 oem@ci.austin.tx.us

If you fax your application please follow up if you have not heard back with in a week. Faxes do get lost!

Name (Last, First, M.I.)	How did you hear about us?
Address, City, State, Zip	
Home Phone                      Work Phone	
Cell Phone                      Pager	
E-mail Address	

## Employment History

Current employment status: <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student	If employed, name and address of employer:
Your current or former occupation:	Current or former volunteer work:

## Character References

Please list two character references:	
Name:	Name:
Address:	Address:
Phone:	Phone:
Relation:	Relation:
Have you ever been convicted of a crime? If yes, please explain what and status: <input type="checkbox"/> Yes <input type="checkbox"/> No	

I certify that the above information is complete and true. I understand that references will be contacted and a background check processed. I understand that the City of Austin Office of Emergency Management (OEM) is not obligated to assign me if, in OEM's professional judgement, it would not be in my best interest or the best interest of OEM.

**Applicant's Signature:**

**Date:**