

# Shelby County Dive Team Volunteer Application

We appreciate you taking the time to fill out this application. All information obtained in this application will remain private and confidential.

**PLEASE PRINT CLEARLY**

## General Information

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

Middle Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: Male – Female

Telephone: Home: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Best time to call: \_\_\_\_\_ AM - PM

Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Do you possess a valid driver's license? Yes – No

License # \_\_\_\_\_ Expiration date: \_\_\_\_\_

Do you possess a minimum class B driver's license? Yes - No

If NO, are you willing to obtain a Class B driver's license? Yes - No

Do you possess any Public Safety Dive Team experience? Yes - No

If yes, please explain: \_\_\_\_\_

Do you possess any current diving certifications? Yes - No

If Yes, please explain: \_\_\_\_\_

If you do not possess any current diving certificates, are you interested in and willing to obtain certification? Yes - No

Do you possess any prior experience in any type of emergency services? Yes - No

If Yes, please explain: \_\_\_\_\_

Person to contact in case of an emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

# Shelby County Dive Team Volunteer Application

## **Employment**

Current Employer: \_\_\_\_\_

Job Title/Description: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Will your employer allow you to leave work to respond to calls? Yes - No

Typical work schedule: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Job Title/Description: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Date of Employment:    Start date: \_\_\_\_\_    End date: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## **Personal References**

Please provide two references (**no family members please**).

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing address (please include postal code): \_\_\_\_\_

Telephone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing address (please include postal code): \_\_\_\_\_

Telephone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

# Shelby County Dive Team Volunteer Application

## General Questions

List Any Previous Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_

How did you become interested in the Shelby County Dive Team? \_\_\_\_\_  
\_\_\_\_\_

What prompted you to become involved as a volunteer for the Shelby County Dive Team?  
\_\_\_\_\_  
\_\_\_\_\_

When are you available to volunteer (weekdays, weekends, mornings, afternoons, evenings)?  
Please be as specific as possible.  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing to volunteer your time to receive in-depth training? Yes - No  
If No, what do you see your involvement with the Shelby County Dive Team looking like? \_\_\_\_\_  
\_\_\_\_\_

Any additional information that was not requested that you would like to add to your application: \_\_\_\_\_  
\_\_\_\_\_

**Your signature below, grants the Shelby County Dive Team leadership permission to contact your employers, and/or your references as well as perform a background check.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Once you have completed this application, please return it to:**

**SHELBY COUNTY CLERK**

**ATTN: COUNTY BOARD CHAIRMAN**

**P.O. BOX 230**

**301 E MAIN ST**

**SHELBYVILLE, IL. 62565**

**for evaluation by the Shelby County Dive Team. You will be contacted if further information is needed.**

**Thank you for your time and desire to serve your community through the Shelby County Dive Team.**