



Application For Volunteer Disaster Service Worker Team

(Please PRINT legibly)

Date: _____

Last Name: _____ First Name: _____ M.I. _____

E-Mail Address: _____

Home Address: _____ Zip Code _____

(Must reside in Simi Valley to be eligible)

Home Telephone: _____ - _____ Work Telephone: _____ - _____ Cell Phone: _____ - _____

Date of Birth: ____/____/____ (MM/DD/YYYY) Age: ____ (Must be 18 years or older)

California Driver's License Number: ____/____/____/____/____/____/____/____/____/____

Marital Status: Married____ Single____ Divorced____ Separated____

Employer _____

Employer Address: _____ City: _____ Zip Code: _____

Occupation: _____

Length of employment there: _____ Work hours/days: _____

Will your employer be willing to release you from work for a call-out? ____YES ____NO

Will your employer pay you while you are on a call-out? ____YES ____NO

Education (list high school, college degrees, etc.) _____

Special skills, hobbies and/or interests (Include any previous training, licenses or experience you have such as, CPR, First Aid, EMT, M.D., R.N., Firefighter, Police Officer, Sheriff Deputy, Search and Rescue Team, amateur ham radio, etc.) _____

Please briefly state why you wish to join this Volunteer Disaster Service Worker Team:

Completed applications may be mailed/delivered/Faxed to: Office of Emergency Services, Attn: Volunteer Disaster Service Worker Program 3901 Alamo St., Simi Valley, CA 93063 OR FAX TO: (805) 583-6201

---For OES Staff---

Date Received: _____ Received by: _____