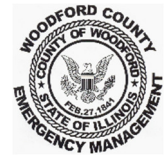


# WOODFORD COUNTY EMERGENCY MANAGEMENT

## Volunteer Application



### APPLICANT INFORMATION

Last Name				First				M.I.	Date		
Street Address								Apartment/Unit #			
City				State				ZIP			
Phone				E-mail Address							
Date Available											
Position Applied for											
Driver's License #											
Are you a citizen of the United States?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever volunteered for this organization				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					

### EDUCATION

High School					Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College					Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				

### REFERENCES

Please list **two** professional references.

Full Name					Relationship						
Address					Phone						
Address											
Full Name					Relationship						
Address					Phone						

### CURRENT EMPLOYMENT

Company			Phone		
Address			Supervisor		
Job Title					
Responsibilities					
Are you available to leave work for an emergency?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Explain why you want to volunteer for this organization:

<b>DISCLAIMER AND SIGNATURE</b>	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Please return application to Woodford County Emergency Management 303 Main Street Roanoke, IL 61561.	
Signature	Date

In accordance with the provisions of the "Line of Duty Compensation Act (820 ILCS 315)", I hereby designate the following as beneficiary, or beneficiaries, in the event that the benefits are payable by reason of my death in the line of duty:

Complete Name and Address Each Beneficiary	Relationship, if any	Cash Amount or Percentage Share
1.		
2.		
3.		

820 ILCS 315. Line of Duty Compensation Act.

315/2(g) "Civil defense worker" means any person employed by the State or a local governmental entity as, or otherwise serving as, a member of a civil defense work force, including volunteer civil defense work forces engaged in serving the public interest during periods of disaster, whether natural or man-made."

315/3 (b) "The amount of compensation, except for an Armed Forces member, shall be ... and \$259,038 if the death occurred on or after July 1, 2002 and before January 1, 2003"

315/3 (c) "for deaths occurring on or after January 1, 2003, the death compensation rate for death in the line of duty occurring in a particular calendar year shall be the death compensation rate for death occurring in the previous calendar year ... increased by a percentage thereof equal to the percentage increase, if any, in the index known as the Consumer Price Index for All Urban Consumers"

315/4 "Notwithstanding Section 3, no compensation is payable under this Act unless a claim therefore is filed, within the time specified by that Section with the Court of Claims on an application prescribed and furnished by the Attorney General ..."