



Hamilton County

Special Operations Division

Volunteer Member Application



This is a preliminary application form. Everything submitted to the Hamilton County Special Operations Division will be kept confidential and will not be used for any purpose other than reviewing your eligibility as a prospective member of the Hamilton County Special Operations Division. We will contact you as soon as we have reviewed your information. Thank you for your interest.

Full Name _____ S.S. Number _____

Address _____

Home Phone _____ Cell Phone _____

Other _____

Email _____

Occupation _____ Age _____ Date of Birth _____

What hours are you available to respond to emergencies _____

Driver's License # _____ State of Issued _____ Driver's License

Type _____

Driver's License Restrictions _____

Have you ever been convicted of a traffic violation in the past 10 years? If yes, please explain

Please select highest grade completed () High School () College () College Degree Degree Type _____

Have you ever been convicted of a crime? Circle one: YES NO If yes, please explain

In case of an emergency, name of nearest relative _____ Relationship _____

Address _____ Phone _____

List any medical, hazmat skills and date obtained, agency and location _____

HazMat operations may require the applicant to undergo periods of very strenuous physical activity. Therefore, please answer all the questions below.

Height _____ Weight _____ List Serious injuries _____

Have you ever had a hernia rupture? When? _____

Have you ever had an allergy or drug reaction? If yes, please explain and when _____

Do you have any physical limitations which would prevent you from participating fully in HazMat operations? If yes, please explain

() Agree () Disagree To authorize the Administration of the Hamilton County Hazardous Materials Team to investigate the authenticity of the above data to past criminal history, and traffic history. Any falsification of data requested during any portion of the application process could be considered grounds for immediate termination of membership. In the event I leave or am terminated from the Hamilton County HazMat team, I will immediately return all issued equipment or equipment belonging to the Hamilton County HazMat Team.

MAIL to: Hamilton County Office of Emergency Management

c/o Chief C.J. Davis

401 West MLK Street

Chattanooga, TN 37402

Fax: 423-209-6901

Authorization for Background Examination

**By my signature, I authorize the agents of _____
To investigate the authenticity of the application information, with
particular attention, but not limited to, any past criminal history
(omitting events prior to age 18), traffic history, and credit history.
Any falsification of information requested during any portion of
the application process could be considered grounds for immediate
termination of membership.**

**By my signature, I agree further, that in the event I voluntarily
leave or am terminated from this agency, I will immediately return
all issued equipment including but not limited to I.D. cards, radios,
pagers, protective clothing, or any property belonging
to _____**

**I fully understand that my participation is probationary as set forth
in the policies of this organization.**

Signature: _____ Date: _____

Witness: _____