



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
 317 Oak St. Su#302
 Chattanooga, TN 37403
 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: _____