
Member Application Package

**SHERMAN EMERGENCY
MANAGEMENT AGENCY**





Sherman Emergency Management Agency

401 St. Johns Drive • Sherman, Illinois 62684

Trevor J. Clatfelter, Mayor • Michael Moos, Director

Dear Applicant:

On behalf of the Village I would like to thank you for your interest in Sherman Emergency Management. Your application demonstrates an interest in serving your community and I congratulate you for this.

Enclosed in this package are the following documents for you to fill out.

1. SEMA Membership Application
2. ESDA Oath
3. Credentialing Information

Please fill out these documents as much as possible. If during any times you have any questions, please do not hesitate to contact me. Be advised by signing the enclosed documents this authorizes the Sherman Police Department to perform a background check. I will notify you as soon as we have completed a review of your application.

Thank you again for your support and interest. I look forward to getting back to you.

Sincerely,

Mike Moos

Michael P. Moos
Director, Sherman EMA

217.306.1942
mmoos@shermanil.org





Village of Sherman
Sherman Emergency Management Agency

401 St. John Drive • Sherman, IL 62684

Membership Application

Complete this application in detail, previous applications will not be considered. Any material misrepresentations may be grounds for termination of membership or ineligibility. Applications without the necessary information will not be considered.

_____ _____ _____
 Last Name First Middle

____ - ____ - _____
 Social Security Number

_____ _____ Illinois _____
 Home Address City Zip

_____ _____ _____ _____
 Home Phone Cell Phone Personal Email Work Email

Citizenship: US Citizen or Naturalized Citizen, Date: _____

Languages (list any language fluent in): _____

Statement of Military Service

Branch of Military Service: _____

Dates of Service: _____

Type of Discharge: _____ (Provide a Copy of DD-214)

I understand I may be required to submit proof of previous employment, education, military service or any other statements in this application. I authorize release of this and other information covering job related factors for purposes of verification and determination of suitability for employment as an EMA/ESDA Volunteer. By signing this form, I authorize Sherman Police Department to initiate a law enforcement background check and provide this information to Sherman EMA management. I further certify that the information on this application is true and correct.

 Signature

 Date

**OATH REQUIRED OF EMERGENCY SERVICES
AND DISASTER AGENCY (ESDA) VOLUNTEERS**

I, (print name), do solemnly swear (or affirm) that I will support and defend and bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of Illinois, and the territory, institutions, and facilities thereof both public and private, against all enemies, any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter. And I do further swear (or affirm) that I do not advocate, nor am I, nor have I been a member of any political party or organization that advocates the overthrow of the Government of the United States or of this State by force or violence; and that during such time as I am affiliated with Sherman EMA (formerly ESDA), I will not advocate nor become a member of any political party or organization that advocates the overthrow of the Government of the United States or this State by force or violence.

Signature of EMA Volunteer

Address

_____ IL _____
City State Zip

Subscribed and sworn to before me
this ____ day of _____, 2018

Notary Seal

Notary Signature

Michael Moos Date
Director, Sherman EMA

Copy sent to Sangamon County
Office of Emergency Management

Date: _____

By: _____

CONFIDENTIAL

Village of Sherman Credential Questionnaire

This form is used to provide information needed for the ID card used by the village to identify its employees, volunteers and trusted agents. A photograph will be taken to be used with the ID. All areas require an answer.

Today's Date: _____

Birth Date: _____

First Name: _____

Last Name: _____

Height: _____

Weight: _____

Hair Color: _____

Eye Color: _____

List each License or Area Credentialed/Certified in:

Sherman EMA Use Only	ID Approved By: _____ Date: _____ Title Applied to ID: _____ ID Number: _____ Date Form Sent to ID vendor: _____ ID Card received from ID vendor: _____ Date ID Card Issued: _____ By Whom: _____
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