



LLANO COUNTY VOLUNTEER FORM

NAME (LAST, FIRST, MI)

PHYSICAL ADDRESS

MAILING ADDRESS

CITY, STATE, ZIP

COUNTY PRECINCT

PHONE

EMAIL

AVAILABILITY (CHECK)

S	M	T	W	TH	F	S
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.M.	<input type="checkbox"/>	P.M.	<input type="checkbox"/>			

EMERGENCY AVAILABILITY
(CHECK)

1st 12 Hours	<input type="checkbox"/>
1st 24 Hours	<input type="checkbox"/>
1st 48 Hours	<input type="checkbox"/>

CERT TEAM MEMBER

Yes

No

SHARE BACKGROUND
(CAREER/HOBBIES/INTEREST)

CONSENT TO A BACK GROUND CHECK

Yes

No

PLEASE SIGN AND DATE