

**Volunteer Clarke County  
Committee / Member Information Sheet**

Member Name: \_\_\_\_\_

Office Number: \_\_\_\_\_

Cell number: \_\_\_\_\_

Email: \_\_\_\_\_

Agency or Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Service Area: \_\_\_\_\_

\_\_\_\_\_

Services provided by your organization:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Office Use Only** (These files will be kept on file at the Clarke County EMA office.)

By signing below I do hereby affirm that the above individual/organization was approved by the executive committee of the Clarke County VOAD to be a member of the Clarke County VOAD.

\_\_\_\_\_  
Volunteer Clarke County Chairman Signature/Date

\_\_\_\_\_  
CCEMA/HS Director Signature/Date

\_\_\_\_\_  
CCEMA/HS Security Coordinator Signature/Date