



SAMPLE TEMPLATE

Name of Sponsor

Name of CERT Program

Address

Contact Person's Name & Phone

Community Emergency Response Team Member Application

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle) (Title - Mr. Ms. Dr. Other)

Previous Name (if Applicable): _____ Date of Birth: _____

Home Address: _____
(Street) (City) (State) (Zip Code)

Home Phone: _____ Cell: _____ Social Security #: _____

Personal E-mail Address: _____

EMPLOYMENT INFORMATION (Optional)

You may include a resume or additional pages, as needed. *If retired, provide information for most recent position.*

Employer and Title: _____

Work Address: _____
(Street) (City) (State) (Zip Code)

Work Phone: _____ Work email: _____

Retired: ____ Yes ____ No

PROFESSIONAL LICENSURE, CERTIFICATION, SPECIALTIES and EXPERIENCE

Just a sample of information that your program may want to collect.

List post-secondary education (degrees or certificates), include when & where obtained.

Professional licenses and certifications, if applicable: (MD, DO, DDS, DC, RN, LPN, LVN, EMT, DVM, PA, NP, pharmacist, psychiatrist, LCSW, other mental health, etc.) For each, list the type, licensing agency, state issued by and expiration date. **Please attach a copy of each license or certificate that you have listed below.**

If your medical license has been limited, revoked, suspended or placed on probationary status attach an explanation.

Describe any specialized training and/or credentials; include military and other technical training (CERT, CPR, first aid, disaster response, military medic, bioterrorism, incident command, SEMS, epidemiology, etc.) For each, list the type, certifying agency and expiration date, if applicable:

Describe any other skills or experiences that are relevant to your interest in volunteering:

American Sign Language? ____ Yes ____ No

Bilingual? No Yes If yes, what is your second language? _____

How Proficient: Speak: Fair Good Excellent (Circle one) **Read:** Fair Good Excellent (Circle one) **Write:** Fair Good Excellent (Circle one)

Driver's License Number: _____ **Expires:** _____

LIABILITY, INSURANCE, BACKGROUND CHECK and RELEASES

Credentials Check: I hereby consent to the disclosure, inspection and copying of information and documents relating to my licensure, certifications, credentials and qualifications for the purpose of evaluating this application.

Background Check: I authorize the _____ Police Department to conduct a background investigation; including a check of criminal records and other information that may be of a confidential or privileged nature.

Check any that apply. I have been: (____) Arrested (____) Convicted of a felony, (____) Convicted of a misdemeanor. On a separate page, provide details related to any arrest (charges, dates of arrest, and disposition—*excluding* traffic tickets). I authorize the use of a copy, electronic/email submission or facsimile of this form to be considered the same as the original for the purposes of the background investigation or credentials check.

Release of Liability: I hereby request authorization to participate in the _____ (NAME of) CERT Program. I understand that training and volunteer activities will involve physical activities, which include a risk of personal injury and/or personal property damage; and I make this request with full knowledge of these risks. I agree to hold harmless and release the _____ (Name of Sponsor Agency) and _____ (Name of CERT Program) and its local directors, and their agents, volunteers and personnel from any and all claims, actions, suits and/or injury that may arise from my participation in the above mentioned programs.

Insurance: I certify that I am able to perform the volunteer assignment(s) that I am applying for, and will disclose any medical conditions that may affect my safety, the safety of others, or my ability to perform my duties. No insurance coverage is offered by the program(s).

I am covered by the following health insurance: _____

At-Will Status: I agree to follow all procedures and safety rules, and to exercise reasonable care while participating in the volunteer program. I understand that I am an unpaid, at-will volunteer, without vested property rights in my position as a citizen volunteer and I may be administratively removed/released at any time without cause and without right of appeal. If I am released, all program identification cards and other equipment, clothing, etc. provided by the program must be surrendered immediately.

Photographs: I authorize the use of any photograph taken in connection with my participation in the program(s) without prior approval or compensation by local, state and/or national program representatives or their affiliates.

Contact Information: My phone numbers, email address and/or other contact information may be entered into record-keeping and automatic notification systems for program management and emergency call-out purposes.

In Case of Emergency, Contact (Name, Relationship and Phone Number): _____

By executing this form, I certify that I have read this release in its entirety, understand all of its terms and have had any questions regarding the release or its effect answered. I understand that my submission of this form, whether mailed; or sent electronically via email, shall have the same force and effect as the original; I sign this release freely and voluntarily.

Signature: _____ Date: _____

Return Completed Application to:

Name of CERT Program

Address

Email