

WV CERT Program Monthly Activity Report, revised form

Complete and submit this form to gina.l.namay@wv.gov to report ALL your CERT program activities.

EXCEPTION: When reporting the delivery of a Basic CERT Training, ONLY do so once the course has been completed and USE the [CERT Graduate Roster](#) form - retrieve from hyperlink or get from Volunteer WV.

Program Name:	Report submitted by:
County Served:	E-mail:
Month(s) reporting on:	Phone #:

1. CERT Program Activity

Name of Meeting/Training/Public Outreach/Event/Drill/Exercise/Initiative/or Disaster Deployment:	
Date:	Location:
For Trainings, Education Workshops, Presentations: # of Adults attended: # of Youth attended: For Outreach Events: # of people GIVEN Preparedness Materials: Did you utilize the ReadyWV Educational Toolkit? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you distribute <i>ReadyWV</i> materials? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For Disaster Response/Deployments: Name of Agency/Organization supported during the response: Number of people impacted by the disaster who received CERT assistance:	
# of CERT volunteers that participated:	TOTAL # of all CERT Volunteer Hours:
<i>*Include Other volunteers that YOU utilize & manage</i>	<i>*Include Other volunteers that YOU utilize and manage.</i>

Brief description of the activity and how your CERT members were involved. Include critical partners/collaborators:

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2. CERT Program Activity

Name of Meeting/Training/Public Outreach/Event/Drill/Exercise/Initiative/or Disaster Deployment:	
Date:	Location:
For Trainings, Education Workshops, Presentations: # of Adults attended: # of Youth attended: For Outreach Events: # of people GIVEN Preparedness Materials: Did you utilize the ReadyWV Educational Toolkit? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you distribute <i>ReadyWV</i> materials? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For Disaster Response/Deployments: Name of Agency/Organization supported during the response: Number of people impacted by the disaster who received CERT assistance:	
# of CERT volunteers that participated:	TOTAL # of all CERT Volunteer Hours:
<i>*Include Other volunteers that YOU utilize & manage</i>	<i>*Include Other volunteers that YOU utilize and manage.</i>

Brief description of the activity and how your CERT members were involved. Include critical partners/collaborators:

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3. CERT Program Activity

Name of Meeting/Training/Public Outreach/Event/Drill/Exercise/Initiative/or Disaster Deployment:	
Date:	Location:
For Trainings, Education Workshops, Presentations: # of Adults attended: # of Youth attended: For Outreach Events: # of people GIVEN Preparedness Materials: Did you utilize the ReadyWV Educational Toolkit? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you distribute <i>ReadyWV</i> materials? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For Disaster Response/Deployments: Name of Agency/Organization supported during the response: Number of people impacted by the disaster who received CERT assistance:	
# of CERT volunteers that participated: <i>*Include Other volunteers that YOU utilize & manage</i>	TOTAL # of all CERT Volunteer Hours: <i>*Include Other volunteers that YOU utilize and manage.</i>

Brief description of the activity and how your CERT members were involved. Include critical partners/collaborators: