

## Union County Community Emergency Response Team Application

All information will be treated confidentially. Please answer all questions completely.

### Personal Information

Title:	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms. <input type="checkbox"/>	Other:	
Last Name:			First:			MI:
Address:					City:	
State:	Zip Code:	Email:				
Home Phone:		Cell Phone:		Bus. Phone:		

### Emergency Contact

Name:	Relationship:
Day Phone:	Night Phone:

### Availability for Classes

Days:	Mon - Fri <input type="checkbox"/>	Mon <input type="checkbox"/>	Tues <input type="checkbox"/>	Wed <input type="checkbox"/>	Thur <input type="checkbox"/>	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>	Sun <input type="checkbox"/>
Times:	6am - Noon <input type="checkbox"/>	Noon -5 PM <input type="checkbox"/>	5 PM - 9PM <input type="checkbox"/>		Other:			
Would you be able to assist in preparedness activities?							Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Licenses (Driver's and Professional)

Type:	State:	Number:	Exp. Date:
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All applicants will be required to give permission for a driver's license and criminal history check. Note previous violations may not preclude you from the CERT Team.

Date of Birth:	Soc. Sec. #:	Sex: M <input type="checkbox"/>	F <input type="checkbox"/>
Hair Color:	Height: ___' ___"	Weight: _____	Blood Type: _____

### Special Skills

Accounting/Bookkeeping	Foreign Language (Specify)
Assisting others w/ Forms	Inventory Control
Communications	Leadership of Teams
Computers/Database Mngt.	Medical Training
Custodial Tasks	Photography
Data Entry	Public Speaking
Desk Top Publishing	Scheduling
Detail Oriented	Sign Language
Directing People Traffic	Health/Medical Professional
Directing Vehicle Traffic	Working with Children
Event Planning	Working with Special Needs
Filing/Clerical/Receptioninst	Damage Assessment
Food Service Prep for Groups	Construction Equipment

Applicant Signature:	Date:
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Must have if you are under the age of 18. Must be 16 to apply.

Parental Consent:	Date:
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References			
Name		Address	Telephone(s)
Current Employment			
From	To	Employer	Job Duties
List any specific functions, jobs, or tasks you would like to perform?			
CERT Rules & Regulations			
Use of alcoholic beverages is absolutely prohibited during CERT activities, including events, meetings, and training.			
Use of drugs is prohibited, other than those prescribed to you.			
Use of, or carrying firearms is absolutely prohibited during CERT activities.			
Equipment and emergency gear issued to volunteers after completing that required training must be signed for and returned when assignment is complete or if you become inactive.			
All members are required to attend a minimum of 1 meeting per quarter, unless excused.			
Members failing to meet the attendance rule will be deemed inactive. Following missing 2 meetings you must turn in all gear and equipment.			
No personal vehicles will be used during a CERT activity away from a staging area unless there is an extreme emergency.			
All personnel must maintain a professional attitude while on any CERT event.			
Any information, request, or direction given to CERT Volunteer by Professional First Responders must be acted on and completed. Any information related to the safety of CERT members or those we are attempting to serve must be passed on to those Professional First Responders who can fill a need.			
An open door policy is in effect where any CERT Volunteer has a problem, misunderstanding or feels they have been treated unfairly, are urged to talk to CERT management team member or CERT member. All personnel must make a concerted effort to work together to see that all CERT activities are completed in the most effective manner possible.			
CERT gear must be worn ONLY when participating in CERT activities.			
I, _____ do hereby certify that I have read and understood and agree to abide by all of the above rules and regulations. I understand that failure on my part to comply with the rules and regulations could result in my removal of my name from the active roster, I will not be able to reapply for a period of one year from active roster, voluntary or involuntary. If I fail or refuse to return any of the uniforms, equipment or materials, then I agree to pay the initial cost of the item not returned.			
Member Signature			Date