



**Bay Village
Fairview Park
Lakewood**

**North Olmsted
Rocky River
Westlake**

Westshore Regional CERT Community Volunteer Application

Name:

Last

First

Westshore Regional CERT Community Volunteer Application

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

Personal Information

Title Mr. Mrs. Miss Ms. Other _____

Last Name _____ First Name _____ Middle Initial _____

Street Address _____

City _____ State _____ Zip Code _____

Home Ph _____ Business Ph _____ Cell Ph _____

E-mail 1 _____ E-mail 2 _____

Date of Birth ____ / ____ / ____ Social Security # _____ M F

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor that resulted in imprisonment? Yes No

If yes, please explain: _____

Emergency Contact

Name _____ Relationship _____

Phone 1 _____ Phone 2 _____

Drivers' Licenses

Type	State	Number	Expiration Date

Employment / Group Affiliations

Do you work: Full Time Part Time Retired Unemployed Student: FT PT

Occupation _____ Employer _____

Address _____ Phone _____

Group Name	Address	Phone

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Availability / Commitment

Minimum participation requirements include three training sessions per calendar year and attendance at two general meetings per calendar year. Beyond the required commitment, are you interested in:

Basic Team Membership - or - Leadership Position

Skills / Interests

Please indicate your skill levels in the following areas:

	Expert	Good	Minimal		Expert	Good	Minimal
Communications				Maintenance/Custodial			
Radio Operations				Building Trades _____			
Telephone Systems				Utility Repair _____			
Computers/Info Systems				Construction			
Data Management				Mechanical Repair			
Interpersonal Communications				Wheel Chair & Special Needs Transportation			
Registration Assistance				Automobile Repair			
Foreign Language _____				Other _____			
Radio Broadcasting				Office/Administrative			
Public Speaking				Corporate/Agency Admin			
Sign Language				Organizational Skills			
Telephone Skills				Attention to Detail			
TV/Video Programming				Data Entry/Keyboarding			
Other _____				Typing (Typewriter)			
Law Enforcement				Filing			
Sworn Officer <input type="checkbox"/> Y <input type="checkbox"/> N				Receptionist			
Security _____				Microsoft Office Software			
Directing Traffic – Pedestrian				Mac/Apple Software			
Directing Traffic - Vehicular				Desktop Publishing			
Other _____				Scheduling			
Leadership				Other _____			
Supervisor/Management				Other Skills			
Gov/EMS/Agency Official				Event Planning			
Team Leadership				Food Service Preparation			
Volunteer Management				Photography/Videographer			
Office Management				Animal Control			
Other _____				Incident Command System			
Logistics							
Inventory Management				Other _____			
Inventory Control				Other _____			
Purchasing				Other _____			
Inventory Record Keeping							
Other _____							

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Please indicate your licensing and experience in the following medical fields:

Licensure	State	License No.	Expiration	Yrs Experience	Notes
Medical Physician					
Pharmaceuticals Dispensing					
Nurse					
Public Health					
Mental Health					
Medical Triage					
EMT/Paramedic					
Vaccination Logistics					
Special Needs Populations					
CISD					
Geriatric Care					
First Aid					
CPR					
AED					
Other _____					
Other _____					

Have you volunteered in a Westshore community in the past? If yes, in what capacity?

What attracted you to CERT? Is there an aspect of our work that most motivates you to volunteer?

What would you like to get out of being a CERT volunteer? What would make you feel like you've been successful?

References

Please list two non-relatives to serve as a character reference who know your qualifications and/or background experience. These references may be checked.

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

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Statements of Fact / Acknowledgement

I verify that I am a United States Citizen. I understand a felony background check will be required. I verify that I have never been convicted of a felony nor have I ever been convicted of a misdemeanor that resulted in imprisonment. If this information is incomplete or untrue I understand my volunteer status can and will be terminated.

I hereby authorize investigation and verification of all statements contained in this application for volunteer service. I understand that any misrepresentation or omission of facts, regardless of date of discovery, may be considered cause for termination or the withdrawal of an offer for volunteer service.

(Print Name)

(Signature)

(Date)

(Witness Signature)

(Date)

Thank you for your interest in disaster preparedness and volunteer service to your community! You will be contacted by a CERT representative after your application is processed. Please mail, scan and e-mail, or deliver to the Westshore Regional CERT Coordinator:

Julie Morron
Westshore Regional CERT Coordinator
City of Rocky River
21012 Hilliard Blvd
Rocky River, OH 44116
jmorron@rrcity.com
(440) 356-5624

 *Volunteers prepared to serve their community.*