

# Richfield Public Safety CERT Volunteer Application



## Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
Work Phone	
E-Mail Address	

## Availability

During which hours are you available for volunteer training and/or assignments?

Weekday: Mornings \_\_\_ Afternoons \_\_\_ Evenings \_\_\_

Weekend: Mornings \_\_\_ Afternoons \_\_\_ Evenings \_\_\_

24 Hour/7 Day a Week Disaster Response \_\_\_

## Interests

Tell us in which areas you are interested in volunteering (check all that apply):

Disaster Operations/Scribe       Disaster Communications

Disaster Field Work       Fire Suppression

Triage/Medical       Search and Rescue

Traffic Control       Sheltering

Events/Public Relations       Newsletter Production

If you have previous CERT experience or membership you may also indicate an interest in the leadership areas below:

CERT Team Leader       Cert Instructor (Requires previous TTT Certification)

### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment (licenses/certifications), previous volunteer work, or through other activities, including hobbies or sports.

### Previous Volunteer Experience

Summarize your previous volunteer experience.

### Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

### Agreement and Signature

By submitting this application: I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I further agree to a background check and driving record check as a condition of application to and acceptance into the program.

Name (printed)	
Signature	
Date	

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Please return Application to:

Lieutenant Jay Henthorne  
Emergency Management Coordinator  
Richfield Public Safety  
6700 Portland Avenue  
Richfield, MN 55423

### Official Use Only

Drivers License                      Clear \_\_\_                      Not Clear \_\_\_

Local Records check                      Clear \_\_\_                      Not Clear \_\_\_

Local Warrants check                      Clear \_\_\_                      Not Clear \_\_\_

CCH    Clear \_\_\_                      Not Clear \_\_\_

(Attach documentation for any "Nor Clear")

Date checked \_\_\_ / \_\_\_ / \_\_\_\_\_                      Checked by (Opr #) \_\_\_\_\_

Final authorization Director of Emergency Management \_\_\_\_\_                      Date \_\_\_ / \_\_\_ / \_\_\_\_\_