

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 ___ / ___ / _____