

COMMUNITY EMERGENCY RESPONSE TEAM (CERT)

North Royalton, Ohio

Phone: (440) 237-4300

13834 Ridge Road
North Royalton, OH 44133

Community Volunteer Application

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

| Personal Information | | | | | | | | |
|--|---|-------------------------------|--|--|--|------------------------------|--|------------------------------|
| Title: | <input type="checkbox"/> Mr. | <input type="checkbox"/> Mrs. | <input type="checkbox"/> Miss | <input type="checkbox"/> Ms. | <input type="checkbox"/> Other: | | | |
| Last Name: | | | First Name: | | | Middle Initial: | | |
| Address: | | | | | City: | | | |
| State: | | Zip: | | Email: | | | | |
| Home Phone: | | Business Phone: | | Cell Phone: | | | | |
| Emergency Contact: | | | | | | | | |
| Name: | | | | Relationship: | | | | |
| Day Phone: | | | | Evening Phone: | | | | |
| Group Affiliation: (If there is no affiliation check here <input type="checkbox"/>) | | | | | | | | |
| Group Name: | | | | | | | | |
| Group Address: | | | | | | | | |
| City: | | | State: | | | Zip: | | |
| Group Contact Name: | | | | Phone: | | Alternate Phone: | | |
| Availability: | | | | | | | | |
| Days: | <input type="checkbox"/> Mon-Fri | <input type="checkbox"/> Mon | <input type="checkbox"/> Tues | <input type="checkbox"/> Wed | <input type="checkbox"/> Thurs | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |
| Times: | <input type="checkbox"/> Morning 6am-12pm | | <input type="checkbox"/> Afternoons 12pm-6pm | | <input type="checkbox"/> Evenings 6pm-12am | | <input type="checkbox"/> Nights 12am-6am | |
| Would you be available to assist in preparedness activities/projects? | | | | | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| How much time do you feel you want to commit to volunteering? | | | | | | | | |
| <input type="checkbox"/> _____ times per week | | | | <input type="checkbox"/> _____ times per month | | | | |
| <input type="checkbox"/> _____ times per year | | | | <input type="checkbox"/> Other (specify): | | | | |
| Licenses: (Drivers and Professional) | | | | | | | | |
| Type: | | State: | | Number: | | | Expiration: | |
| Type: | | State: | | Number: | | | Expiration: | |

Signature _____

Date _____

Continued on next page