

# VOLUNTEER ENROLLMENT FORM

Date: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

( \_\_\_\_\_ ) \_\_\_\_\_  
Home Phone Work Phone

( \_\_\_\_\_ ) \_\_\_\_\_  
Cell Phone Pager

Email Address: \_\_\_\_\_

Are you bi-lingual? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what language:

\_\_\_\_\_  
Speak Read Write

Do you have a disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list special accommodations needed:

\_\_\_\_\_  
\_\_\_\_\_

## **ASSIGNMENT**

Community Emergency Response Team  
Volunteer Job Title

Disaster Response Assistance  
Major Responsibilities

\_\_\_\_\_  
Department

Disaster Preparedness/CERT Unit  
Division

\_\_\_\_\_  
Supervisor Title Phone Number

**EMERGENCY INFORMATION**

In case of emergency, person to contact should be:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address City

\_\_\_\_\_  
State Zip Code Phone

**BACKGROUND INFORMATION**

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Last 4 Digits of Social Security # XXX-XX-

Driver's License/I.D.# \_\_\_\_\_ Class \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you ever been convicted of a crime other than minor traffic violations? Yes No

Are you currently awaiting trial, on probation or parole? Yes No

Name of current or most current Employer \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip

Supervisor's Name Supervisor's Phone

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Personal Reference \_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address City State Zip Phone

**STATISTICAL INFORMATION (OPTIONAL)**

Age Group: \_\_\_13-18 \_\_\_19-39 \_\_\_40-69 \_\_\_70 +

Sex: \_\_\_Female \_\_\_Male

Ethnic Group: \_\_\_African-American \_\_\_Hispanic \_\_\_Native-American  
\_\_\_Caucasian \_\_\_Asian \_\_\_Other \_\_\_\_\_

I declare under penalty of perjury that all statements on this enrollment form and attachments are true and complete to the best of my knowledge. I understand that false, misleading, or incomplete information shall be cause for disqualification.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

*If under 18 years of age must have Parent or Guardian consent:*

\_\_\_\_\_  
Parent/Guardian signature of consent

\_\_\_\_\_  
Date