



West Metro CERT Volunteer Application

Contact Information

Name (Last, First, Middle)	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	Text address:
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.

Emergency Contact

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 criminal 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. West Metro CERT will disqualify any individual who has at any time: been convicted of a felony; sold narcotic or dangerous drugs; been charged or convicted of criminal sexual conduct; used illegal drugs or intentionally abused prescription drugs in the past two years; had excessive (3 or more moving violations in 6 months or more than 6 moving violations in the last two years) traffic violations within the past 3 years; or engaged in conduct that would tend to disrupt, diminish or otherwise jeopardize public trust in the law enforcement or fire safety professions.

Please return application to: Tom Mahan, New Hope Police Dept., 4401 Xylon Av N, New Hope, 55428
tmahan@ci.new-hope.mn.us

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 "Not Clear")

Date checked ____ / ____ / ____ Checked by _____