



City of Beckley  
Department of Emergency Services  
Beckley CERT  
PO Box 2514  
Beckley, WV 25802

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**Beckley CERT (Community Emergency Response Team) Application**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Title - Mr. Ms. Dr. Other)

Previous Name/Aliases (if Applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Personal E-mail Address: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

You may include a resume or additional pages, as needed. *If retired, provide information for most recent position.*

Employer and Title: \_\_\_\_\_

Work Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Work Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Work E-mail: \_\_\_\_\_ Retired: Yes No  
(Circle)

## PROFESSIONAL LICENSURE, CERTIFICATION, SPECIALTIES and EXPERIENCE

List all post-secondary education - indicate degree(s), where obtained and year: \_\_\_\_\_

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**Professional licenses and certifications, if applicable:** (MD, DO, DDS, DC, RN, LPN, LVN, EMT, DVM, PA, NP, pharmacist, psychiatrist, LCSW, other mental health, etc.) For each, list the type, licensing agency, state issued by and expiration date. **Please attach a copy of each license or certificate that you have listed below.**

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✓ If your medical license has been limited, revoked, suspended or placed on probationary status attach an explanation.

Do you have prescriptive authority? \_\_\_\_ No \_\_\_\_ Yes Foreign Medical Doctor? \_\_\_\_ No \_\_\_\_ Yes-Country: \_\_\_\_\_

**Describe any specialized training and/or credentials; include military and other technical training** (CERT, CPR, first aid, disaster response, military medic, bioterrorism, incident command, SEMS, epidemiology, etc.) For each, list the type, certifying agency and expiration date, if applicable: \_\_\_\_\_

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**Please describe any other skills or experiences that are relevant to your interest in volunteer service:** \_\_\_\_\_

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(Use additional  
pages, if needed)

**Bilingual?** No \_\_\_\_ Yes \_\_\_\_ If yes, what is your second language? \_\_\_\_\_  
(Include American Sign Language)

Describe your proficiency: **Speak:** Fair Good Excellent; **Read:** Fair Good Excellent; **Write:** Fair Good Excellent  
(Circle one) (Circle one) (Circle one)

**Driver's License Number:** \_\_\_\_\_ **Expires:** \_\_\_\_\_

## LIABILITY, INSURANCE, BACKGROUND CHECK and RELEASES

**Credentials Check:** I hereby consent to the disclosure, inspection and copying of information and documents relating to my licensure, certifications, credentials and qualifications for the purpose of evaluating this application.

**Background Check:** I authorize the Beckley Police Department to conduct a background investigation; including a check of criminal records and other information that may be of a confidential or privileged nature.

Check any that apply. I have been: ( ) Arrested ( ) Convicted of a felony ( ) Convicted of a misdemeanor On a separate page, provide details related to any arrest (charges, dates of arrest, and disposition—excluding traffic tickets). I authorize the use of a copy, electronic/email submission or facsimile of this form to be considered the same as the original for the purposes of the background investigation or credentials check.

**Release of Liability:** I hereby request authorization to participate in the Beckley CERT program. I understand that training and volunteer activities will involve physical activities, which include a risk of personal injury and/or personal property damage; and I make this request with full knowledge of these risks. I agree to hold harmless and release the City of Beckley, Beckley CERT and its local directors, and their agents, volunteers and personnel from any and all claims, actions, suits and/or injury that may arise from my participation in the above mentioned programs.

**Insurance:** I certify that I am able to perform the volunteer assignment(s) that I am applying for, and will disclose any medical conditions that may affect my safety, the safety of others, or my ability to perform my duties. No insurance coverage is offered by the program(s).

I am covered by the following health insurance \_\_\_\_\_.

**At-Will Status:** I agree to follow all procedures and safety rules, and to exercise reasonable care while participating in the volunteer program. I understand that I am an unpaid, at-will volunteer, without vested property rights in my position as a citizen volunteer and I may be administratively removed/released at any time without cause and without right of appeal. If I am released, all program identification cards and other equipment, clothing, etc. provided by the program must be surrendered immediately.

**Photographs:** I authorize the use of any photograph taken in connection with my participation in the program(s) without prior approval or compensation by local, state and/or national program representatives or their affiliates.

**Contact Information:** My phone numbers, email address and/or other contact information may be entered into record-keeping and automatic notification systems for program management and emergency call-out purposes.

In case of emergency, contact \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone)

*By executing this form, I certify that I have read this release in its entirety, understand all of its terms and have had any questions regarding the release or its effect answered. I understand that my submission of this form, whether mailed; or sent electronically via email or faxed, shall have the same force and effect as an original I sign this release freely and voluntarily.*

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

### Return Completed Application to:

Beckley CERT  
PO Box 2514  
Beckley, WV 25802  
Phone (304) 256-0034  
Fax (304) 256-180

