



Community Emergency Response Team (CERT)



Volunteer Application

Last Name	First Name	Middle Initial

Home Address	City	Zip

Work Address	City	Zip

Home Phone	Cell Phone	

Work Phone	Email Address	

Are you bi-lingual?	Yes _____	No _____
If yes, what language:		

Speak	Read	Write

EMERGENCY INFORMATION:

In case of emergency, person to contact should be:

Name	Relationship		

Address	City	State	Zip

Home Phone	Cell Phone		

BACKGROUND INFORMATION:

Month & Day of Birth: _____ Are you over 18 years of age? Yes No

Driver's License/I.D. # _____ Class _____ State Issued _____ Exp. Date _____

Last 4 Digits of Social Security # XXX-XX-_____

CERT BASIC CERTIFICATION:

Training Provided By (Agency/Location): _____

Date CERT Certification Obtained: _____

(Please submit a copy of your CERT Basic Certificate with this application)

EXPERIENCE:

List jobs you have had in the last five years (both paid & volunteer) – most recent first.

From: _____ To: _____ Title _____

Name & Address of Employer (Organization)

Duties: _____

From: _____ To: _____ Title _____

Name & Address of Employer (Organization)

Duties: _____

From: _____ To: _____ Title _____

Name & Address of Employer (Organization)

Duties: _____

SPECIAL TRAINING OR CERTIFICATION:

List any special training or certification you have received.

PERSONAL REFERENCE:

Name/Relationship Phone Number

Address City State Zip

I hereby certify that all statements made in this application are true, and complete and that any misrepresentation of material facts may subject me to disqualification or dismissal. I authorize the City of Temple City to conduct an investigation of my character, including personal reference and criminal record checks. If approved by the City of Temple City, I will abide by all rules and regulations.

Volunteer Signature Date