

CLAYTON COUNTY CERT VOLUNTEER APPLICATION

7911 N. McDonough Street, Jonesboro, GA 30236

770-478-8271

PLEASE PRINT OR TYPE ALL INFORMATION
RETURN FORM TO EMERGENCY MANAGEMENT OFFICE AT ABOVE ADDRESS

PERSONAL INFORMATION			
DATE		TITLE (MR, MRS, MISS, MS, DR)	
LAST NAME, FIRST NAME, MIDDLE INITIAL			
HOME ADDRESS		CITY, ZIP CODE	
HOME PHONE NUMBER		CELL PHONE/PAGER (FOR EMERGENCY USE ONLY)	
HOME EMAIL ADDRESS			
EMPLOYER INFORMATION			
EMPLOYER'S NAME			
EMPLOYER'S ADDRESS			CITY
STATE	ZIP CODE	PHONE	FAX (if applicable)
BUSINESS EMAIL ADDRESS			
EMERGENCY CONTACT INFORMATION			
CONTACT'S NAME		DAYTIME PHONE	
CONTACT'S ADDRESS		NIGHTTIME PHONE	
CITY/STATE/ZIP CODE		EMAIL ADDRESS	
OPTIONAL INFORMATION			
BIRTHDATE: MONTH DAY YEAR		GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
ETHNIC GROUP: __AFRICAN AMERICAN __NATIVE AMERICAN __HISPANIC __ASIAN/PACIFIC ISLANDER __WHITE, NON-HISPANIC __OTHER			
ADDITIONAL INFORMATION			
PLEASE LIST SKILLS, TALENTS AND ABILITIES:			
IN WHAT LANGUAGES ARE YOU PROFICIENT?			
1. __SPEAK __WRITE __TRANSLATE			
2. __SPEAK __WRITE __TRANSLATE			
HAVE YOU EVER VOLUNTEERED BEFORE?			
WHAT POSITION(S) DID YOU HOLD?			
LIST OTHER VOLUNTEER WORK YOU HAVE DONE:			
WHAT MEDICAL, NURSING, EMT OR OTHER CERTIFICATIONS DO YOU HOLD?			
DO YOU HAVE A VALID DRIVERS LICENSE?			

PLEASE COMPLETE REVERSE OF THIS FORM

The information you enter on this form is confidential and is for the purpose of recordkeeping for Clayton County Citizen Corps Council.

March 2012

LIST TWO REFERENCES OTHER THAN FAMILY:

NAME	RELATIONSHIP	PHONE NUMBER
NAME	RELATIONSHIP	PHONE NUMBER

INDICATE CERT PROGRAM CATEGORY

- **Community Emergency Response Team (CERT) Category 1**
Volunteers take on-line course for personal preparedness only
- **Community Emergency Response Team (CERT) Category 2**
Volunteers interested in on-going training and some involvement in the program
- **Community Emergency Response Team (CERT) Category 3**
Volunteers interested in being fully involved in every aspect of the CERT Program

LIST TIMES YOU ARE AVAILABLE:

	MON	TUE	WED	THU	FRI	SAT	SUN
MORNING							
AFTERNOON							
EVENING							

PLEASE LIST ANY OTHER INFORMATION YOU WISH TO INCLUDE WITH YOUR APPLICATION:

I understand that the above information is voluntarily supplied and is used for the Clayton County CERT Program. I further understand that I am not paid for my services. I acknowledge that all the information I have disclosed herein is true and accurate to the best of my knowledge.

Signature

Date