## 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

	PERS	SONAL IN	NFOR	MATION	N		
DATE						R, MRS, MISS, MS, DR)	
LAST NAME, FIRST NAME, MIDDI	LE INITIAL						
HOME ADDRESS				CITY, ZIP	CODE		<u> </u>
HOME PHONE NUMBER		CELL PHON	NE/PAGE	R (FOR EM	ERGENCY U	USE ONLY)	
HOME EMAIL ADDRESS							
	EMPI	LOYER II	NFOR	MATIO	N		
EMPLOYER'S NAME	Zivii i	BOILKI		IVII I I I I	11		
EMPLOYER'S ADDRESS						CITY	
STATE ZIP CODE			PHONE			FAX (if applicable)	
BUSINESS EMAIL ADDRESS							
	EMERGENO	CY CONT	TACT 1	INFORM	<b>ATION</b>		
CONTACT'S NAME	ZiviZivoZi v		AYTIME		21111011		
CONTACT'S ADDRESS		NI	IGHTTIN	IE PHONE			
CITY/STATE/ZIP CODE		EN	MAIL AD	DRESS			
	OPT	IONAL IN	NFOR	MATION	N		
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IN WHAT LANGUAGES ARE YOU 1.	PROFICIENT? SPEAK	. WRITE	E TI	RANSLATE			
2. HAVE YOU EVER VOLUNTEERED	SPEAK			RANSLATE			
HAVE YOU EVER VOLUNTEEREL	BEFORE?						
WHAT POSITION(S) DID YOU HOL	LD?						
LIST OTHER VOLUNTEER WORK	YOU HAVE DONE:						
WHAT MEDICAL, NURSING, EMT	OR OTHER CERTIFIC	ATIONS DO Y	YOU HOI	LD?			
DO YOU HAVE A VALID DRIVERS	S 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.

MORNING AFTERNOON EVENING  PLEASE LIST ANY OTHER INFORMATION YOU WISH TO INCLUDE WITH YOUR APPLICATION APPLICATION APPLICATION APPLICATION AND APPLICATION APP		LIST	TWO REF	ERENCES (	THER THA	N FAMILY:	:	
INDICATE CERT PROGRAM CATEGORY  Community Emergency Response Team (CERT) Category 1 Volunteers take on-line course for personal prepredness 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:  MORNING  MON TUE WED THU FRI SAT SI MORNING  AFTERNOON  EVENING  PLEASE LIST ANY OTHER INFORMATION YOU WISH TO INCLUDE WITH YOUR APPLICATI  Understand that the above information is voluntarily supplied and is used for the Clayton County CER 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.	NAME		RELAT	TIONSHIP		PHONE N	UMBER	
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