



**Bay Village  
Fairview Park  
Lakewood**

**North Olmsted  
Rocky River  
Westlake**

# **Westshore Regional CERT Community Volunteer Application**

**Name:**

**Last**

**First**

**Westshore Regional CERT  
Community Volunteer Application**

*All information will be treated confidentially. Please answer all questions as completely as possible.*

**Personal Information**

Title     Mr.             Mrs.             Miss             Ms.             Other \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Ph \_\_\_\_\_ Business Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

E-mail 1 \_\_\_\_\_ E-mail 2 \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security # \_\_\_\_\_  M     F

Have you ever been convicted of a felony?                     Yes             No

Have you ever been convicted of a misdemeanor that resulted in imprisonment?     Yes             No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

**Drivers' Licenses**

| Type | State | Number | Expiration Date |
|------|-------|--------|-----------------|
|      |       |        |                 |
|      |       |        |                 |
|      |       |        |                 |

**Employment / Group Affiliations**

Do you work:     Full Time     Part Time     Retired     Unemployed    Student:     FT     PT

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

| Group Name | Address | Phone |
|------------|---------|-------|
|            |         |       |
|            |         |       |

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### Availability / Commitment

Minimum participation requirements include three training sessions per calendar year and attendance at two general meetings per calendar year. Beyond the required commitment, are you interested in:

Basic Team Membership - or -  Leadership Position

### Skills / Interests

Please indicate your skill levels in the following areas:

|   | Expert | Good | Minimal |  | Expert | Good | Minimal |
|---|--------|------|---------|--|--------|------|---------|
| <b>Communications</b>   |        |      |         | <b>Maintenance/Custodial</b>               |        |      |         |
| Radio Operations  |        |      |         | Building Trades _____                      |        |      |         |
| Telephone Systems   |        |      |         | Utility Repair _____                       |        |      |         |
| Computers/Info Systems  |        |      |         | Construction                               |        |      |         |
| Data Management   |        |      |         | Mechanical Repair                          |        |      |         |
| Interpersonal Communications  |        |      |         | Wheel Chair & Special Needs Transportation |        |      |         |
| Registration Assistance   |        |      |         | Automobile Repair                          |        |      |         |
| Foreign Language _____  |        |      |         | Other _____                                |        |      |         |
| Radio Broadcasting  |        |      |         | <b>Office/Administrative</b>               |        |      |         |
| Public Speaking   |        |      |         | Corporate/Agency Admin                     |        |      |         |
| Sign Language   |        |      |         | Organizational Skills                      |        |      |         |
| Telephone Skills  |        |      |         | Attention to Detail                        |        |      |         |
| TV/Video Programming  |        |      |         | Data Entry/Keyboarding                     |        |      |         |
| Other _____   |        |      |         | Typing (Typewriter)                        |        |      |         |
| <b>Law Enforcement</b>  |        |      |         | Filing                                     |        |      |         |
| Sworn Officer <input type="checkbox"/> Y <input type="checkbox"/> N |        |      |         | Receptionist                               |        |      |         |
| Security _____  |        |      |         | Microsoft Office Software                  |        |      |         |
| Directing Traffic – Pedestrian                                      |        |      |         | Mac/Apple Software                         |        |      |         |
| Directing Traffic - Vehicular                                       |        |      |         | Desktop Publishing                         |        |      |         |
| Other _____   |        |      |         | Scheduling                                 |        |      |         |
| <b>Leadership</b>   |        |      |         | Other _____                                |        |      |         |
| Supervisor/Management   |        |      |         | <b>Other Skills</b>                        |        |      |         |
| Gov/EMS/Agency Official   |        |      |         | Event Planning                             |        |      |         |
| Team Leadership   |        |      |         | Food Service Preparation                   |        |      |         |
| Volunteer Management  |        |      |         | Photography/Videographer                   |        |      |         |
| Office Management   |        |      |         | Animal Control                             |        |      |         |
| Other _____   |        |      |         | Incident Command System                    |        |      |         |
| <b>Logistics</b>  |        |      |         |  |        |      |         |
| Inventory Management  |        |      |         | Other _____                                |        |      |         |
| Inventory Control   |        |      |         | Other _____                                |        |      |         |
| Purchasing  |        |      |         | Other _____                                |        |      |         |
| Inventory Record Keeping  |        |      |         |  |        |      |         |
| Other _____   |        |      |         |  |        |      |         |

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Please indicate your licensing and experience in the following medical fields:

| Licensure                  | State | License No. | Expiration | Yrs Experience | Notes |
|----------------------------|-------|-------------|------------|----------------|-------|
| Medical Physician          |       |             |            |                |       |
| Pharmaceuticals Dispensing |       |             |            |                |       |
| Nurse                      |       |             |            |                |       |
| Public Health              |       |             |            |                |       |
| Mental Health              |       |             |            |                |       |
| Medical Triage             |       |             |            |                |       |
| EMT/Paramedic              |       |             |            |                |       |
| Vaccination Logistics      |       |             |            |                |       |
| Special Needs Populations  |       |             |            |                |       |
| CISD                       |       |             |            |                |       |
| Geriatric Care             |       |             |            |                |       |
| First Aid                  |       |             |            |                |       |
| CPR                        |       |             |            |                |       |
| AED                        |       |             |            |                |       |
| Other _____                |       |             |            |                |       |
| Other _____                |       |             |            |                |       |

Have you volunteered in a Westshore community in the past? If yes, in what capacity?

\_\_\_\_\_

\_\_\_\_\_

What attracted you to CERT? Is there an aspect of our work that most motivates you to volunteer?

\_\_\_\_\_

\_\_\_\_\_

What would you like to get out of being a CERT volunteer? What would make you feel like you've been successful?

\_\_\_\_\_

\_\_\_\_\_

### References

Please list two non-relatives to serve as a character reference who know your qualifications and/or background experience. These references may be checked.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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**Statements of Fact / Acknowledgement**

I verify that I am a United States Citizen. I understand a felony background check will be required. I verify that I have never been convicted of a felony nor have I ever been convicted of a misdemeanor that resulted in imprisonment. If this information is incomplete or untrue I understand my volunteer status can and will be terminated.

I hereby authorize investigation and verification of all statements contained in this application for volunteer service. I understand that any misrepresentation or omission of facts, regardless of date of discovery, may be considered cause for termination or the withdrawal of an offer for volunteer service.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness Signature)

\_\_\_\_\_  
(Date)

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Thank you for your interest in disaster preparedness and volunteer service to your community! You will be contacted by a CERT representative after your application is processed. Please mail, scan and e-mail, or deliver to the Westshore Regional CERT Coordinator:

**Tricia A. Granfors**  
**Westshore Regional CERT Coordinator**  
City of North Olmsted  
5200 Dover Center Road  
North Olmsted OH 44070  
granforst@north-olmsted.com  
(440) 716-4135

 *Volunteers prepared to serve their community.*