Grantsville City Community Emergency Response Team

Volunteer Application

Applicant Name_____
Please Print

Address:		E-mail Address:		
City:	Zip Code:	Occupation:		
Home Phone Number:		Birth Date:		Male Female
Cell Phone Number:		Ham Call Sign:		DB___
Work Phone Number:				
Emergency Contact:		Address:		
Phone Number:		Work Phone:	Relationship:	
Work Experience:		Volunteer Experience:		
Special Training:		Health Related Concerns: Do you consider yourself disabled? Y N How?		
Interests and Hobbies:		Is there a particular type of volunteer work in which you are interested?		
Some volunteer positions require a long-term commitment of six months or more. Are you willing to make a long-term commitment to volunteering? Yes or No		What days are you available? M T W TH F S What times are you available?_____		
How did you hear about CERT? What motivates you to volunteer?				

CERT training can be inherently dangerous. There will be some lifting, carrying heavy objects, stooping, and bending. You will be asked to get on the floor and be on your knees for periods of time. We will be working with fire and dry chemical extinguishers. Although every precaution shall be taken to ensure your safety, please be aware that these actions and events may be of harm to you and this course may not be right for you. If you decide to continue with this course, inform the instructor of any limitations you might have that he/she should be aware of.

Certain safety equipment is issued with this course. I understand that if I do not finish this course by one year from the dating of this form I will forfeit my financial rights to receive the equipment and may be asked to return equipment issued to me.

I, the undersigned participant, hereby release Grantsville City CERT, all instructors, and or any other agencies or agents from any liability or obligation arising from, or in connection with this training course.

As a volunteer I agree to be subject to the policies and procedures of Grantsville City CERT. I hold Grantsville CERT harmless of any liability, criminal or civil that may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to Grantsville City CERT.

I understand that the volunteer positions are charitable contributions to Grantsville City without anticipation of compensation of any kind or consideration of future employment.

I verify by my signature below that the above information is accurate to the best of my knowledge, and I have read each of the above items and agree to be bound by them.

_____ _____

Volunteer Applicant Signature **Date**