



CITY OF SOUTH EUCLID, OHIO

Community Volunteer Application (CERT)

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

PERSONAL INFORMATION					
Title: (Circle One)	Mr.	Mrs.	Miss	Ms.	Other:
Last Name:		First Name:		Middle Initial:	
Address:			City:		
State:		Zip:	E-Mail:		
Home Phone:		Cell Phone:	Business Phone:		
Date of Birth:		Social Security No:			
EMERGENCY CONTACT					
Name:		Relationship:			
Day Phone:		Evening Phone:			
GROUP AFFILIATION (If there is no affiliation, check here _____)					
Group Name:					
Group Address:					
City:		State:		Zip:	
Group Contact Name:			Phone:		
REFERENCES (Please list two persons who know your qualifications and/or background experience. Do not list relatives.)					
Name:					
Address:			Phone:		
Name:					
Address:			Phone:		
LICENSES (Drivers and Professional)					
Type:	State:	Number:		Expiration:	
Type:	State:	Number:		Expiration:	
Type:	State:	Number:		Expiration:	
AVAILABILITY (Circle all that apply)					
Days:	Monday	Tuesday	Wednesday	Thursday	
	Friday	Saturday	Sunday		
Times:	Mornings (6am-12pm)		Afternoons (12pm-6pm)		
	Evenings (6pm-12am)		Nights (12am-6am)		
Would you be available to assist in preparedness activities/projects? Yes No					
HOW MUCH TIME DO YOU FEEL YOU WANT TO COMMIT TO VOLUNTEERING?					
Times per week _____		Times per month _____			
Times per year _____		Other (specify) _____			

PLEASE LIST ANY LANGUAGES YOU ARE FLUENT IN (other than English)

(Include sign language)

PLEASE TELL US ABOUT YOUR LICENSURE AND/OR EXPERIENCE IN THE FOLLOWING AREAS, IF ANY:

Licensure/Experience	State	Exp.	Lic. No.	Check the one that applies	
				Less than 3 yrs.	More than 3 yrs
Dispensing Pharmaceuticals					
Driver's License					
Gov., EMA, Agency Official					
Health/Medical Professional					
Law Enforcement/Security					
Maintenance/Custodial					
Medical Physician					
Medical Triage					
Vaccination Logistics					
Work with Special Needs Population					
Training and/or Public Speaking					
Other (specify)					

PLEASE RATE YOUR SKILLS IN ALL OF THE AREAS THAT APPLY TO YOU

Skill	Minimal	Good/	Above Average/
		Satisfactory	Expert
Accounting			
Corp./Agency Administration			
Detail Orientation			
Interpersonal Communication			
Supervision/Management			
Leadership of Teams			
Organization Skills			
Volunteer Management			
Comm. systems operations (e.g., radio)			
Info Systems and Date Management			
Other (Specify):			

Have you ever volunteered with our municipality in the past? If yes, in what capacity?

What attracted you to our volunteer program? Is there any aspect of our work that most motivates you to seek to volunteer here?
What would you like to get out of volunteering here? What would make you feel like you've been successful?
Is there anything else that you would like us to know that would assist with your placement as a volunteer?
Are you employed? (Circle one) No Part-time Full-time Retired
If retired, please list history/experience
Employer/Occupation:
Business Address:
Are you a student? (Circle one) No Part-time Full-time
Name of School:

I authorize investigation and verification of all statements contained on this application for volunteer service. It is understood 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.

I verify that the information I have given above is current and accurate to the best of my knowledge. I also verify that I have not been convicted of a felony or, within the last 24 months, been convicted of a misdemeanor that resulted in imprisonment. If this information is incomplete or untrue, I understand that my volunteer assignment can and will be terminated.

At any time, you might be required to provide a set of impressions of your fingerprints and a criminal records check might be conducted.

Volunteers Signature: _____ Date: _____

Parental Consent: _____ Date: _____
(if applicable)

PLEASE RETURN COMPLETED FORM TO THE FIRE DEPARTMENT