



## VIGO COUNTY COMMUNITY EMERGENCY RESPONSE TEAM (CERT)

### VOLUNTEER APPLICATION FORM

Thank you for your interest in becoming part of Vigo County Community Emergency Response Team (CERT). As a CERT volunteer, you will be in the position to perform a valuable service to your community in the event of a disaster. Your participation in the Vigo County CERT program and training courses are the first steps toward making your community a safer place to live.

CERT Team Affiliation: **Vigo County CERT TEAM** (Vigo County, Indiana)

#### PERSONAL INFORMATION

Name					
	First	Middle	Last		
Address					
	Street	Apt. #	City		
	County	State	ZIP Code		
Phone	(Home)	( )	(Work)	( )	
	(Cell)	( )	(FAX)	( )	
Email	(Home)				
	(Work)				
Age		Date of Birth		Social Security Number	- -

Your Social Security Number will be kept confidential and will only be used for background and certification purposes.

#### EMERGENCY CONTACT

Name			Relationship	
Phone	(Home)	( )	(Work)	( )
	(Cell)	( )		

#### AVAILABILITY

Are You Employed? ☐ No ☐ Part-Time ☐ Full-Time ☐ Retired

☐ Day Shift ☐ Night Shift

Are you a Student? ☐ No ☐ Part-Time ☐ Full-Time

How much time do you wish to commit to disaster volunteering? (Check all that apply)

☐ Basic Training ☐ Advanced Training ☐ Monthly Activity ☐ Emergency Response C



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#### LICENSES & CERTIFICATIONS (Drivers and Professional)

Type		State		Number		Expires	
Type		State		Number		Expires	
Type		State		Number		Expires	
Type		State		Number		Expires	

#### LANGUAGES (Including American Sign Language)


#### SPECIAL SKILLS

<input type="checkbox"/> Medical	<input type="checkbox"/> Veterinary	<input type="checkbox"/> Emergency Response	<input type="checkbox"/> Social Services	<input type="checkbox"/> Special Needs
<input type="checkbox"/> Clerical	<input type="checkbox"/> Computers	<input type="checkbox"/> Technical	<input type="checkbox"/> Engineering	<input type="checkbox"/> Construction
<input type="checkbox"/> Other (describe)				

#### DISABILITIES

Do you have any physical or medical conditions that might affect your participation in some of the activities CERT is involved in?

☐ No ☐ Yes (please describe below)

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For further information about the **Vigo County CERT Program**, please contact:

Vigo County Emergency Management Agency  
915 S. Petercheff Street  
Terre Haute, IN 47803  
812-462-3217  
[vcema@vigocounty.in.gov](mailto:vcema@vigocounty.in.gov)

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 with in the last 24 months, been convicted of a misdemeanor that resulted in imprisonment. If this is incomplete or untrue, I understand that my volunteer assignment can and will be terminated.

I authorize a criminal records check to be conducted.

I verify that I am at least 18 years of age and a citizen of the United States of America.

Volunteer's Signature 

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 Date 

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Date Received 

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 Received By: 

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Date Accepted 

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 Accepted By: 

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