

# Application for Volunteer Participation

## Island County Community Emergency Response Team (CERT)

Complete and mail form to:

Or email to: [dem@islandcountywa.gov](mailto:dem@islandcountywa.gov)

Island County Emergency Management

Attn: CERT

PO Box 5000

Coupeville, WA 98239

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: (required) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Employed:  Yes  No  Retired

Your profession/Job Title: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_

Phone# Daytime: \_\_\_\_\_ Evenings: \_\_\_\_\_

Do you have any professional or prior volunteer experience in any of the following areas? (Describe briefly)

Administration/Business: \_\_\_\_\_

Construction/Building: \_\_\_\_\_

Fire Service/Law Enforcement: \_\_\_\_\_

Legal/Paralegal: \_\_\_\_\_

Marketing/Public relations: \_\_\_\_\_

Medical/Emergency Medical: \_\_\_\_\_

Military: \_\_\_\_\_

Psychology/Counseling: \_\_\_\_\_

Other: \_\_\_\_\_

Do you have other training or expertise you could utilize as a CERT member? (Describe)

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What type(s) of work would you be interested in performing as a CERT member?

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Do you have any health problems, disabilities or other circumstances that would prohibit or limit you from fully performing the physical responsibilities of a CERT member?

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Typically, what day(s) of the week would you be most likely to serve?

Any day of the week       Weekdays (Mon-Fri)       Weekends (Sat-Sun)

On the above days, I am typically available:

Anytime       Daytime Hours       Nighttime Hours

Do you require any special accommodations for the class?

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Please write the class date and location in which you are signing up for:

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Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

## EMERGENCY WORKER REGISTRATION CARD

Jurisdiction:				Issue Date:	Registration Number:
Name (Last):		(First):	(Middle):		
Address 1:					PHOTOGRAPH
Address 2:					
City:		State:	Zip Code:		
Driver's License No.:	Date of Birth:	Blood Type:	Sex (M-F):		
Height:	Weight:	Color Eyes:	Color Hair:		
Physical Disabilities (If any):					
Home Telephone:		Email:			
<b>I certify that the information on this card is true and correct to my best knowledge and belief.</b>					<b>- In Case of Emergency - Please Notify:</b>
Emergency Worker Signature:			Date of Signature:	Name:	
Emergency Worker Assignment (WAC-118-04):				Telephone Number with Area Code:	
Authorizing Signature:	Local Jurisdiction:		Date of Signature:	Relation to Emergency Worker:	

EMD-024 (7/06) (FRONT)

## EMERGENCY WORKER TRAINING RECORD

COURSE	HOURS	DATE COMPLETED

**ADDITIONAL INFORMATION - REMARKS:**


EMD-024 (7/06) (BACK)