



CERT Volunteer Application Bloomington & Minneapolis



Contact Information

Name	
Street Address	
City State Zip	
Home Phone	
Cell Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer training and/or assignments?
Please check all that apply.

Weekday: Mornings ____ Afternoons ____ Evenings ____

Weekend: Mornings ____ Afternoons ____ Evenings ____

24 hour/7 days a week Disaster Response ____

Interests

Tell us in which areas you're interested in volunteering. Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Disaster Operations/Scribe | <input type="checkbox"/> Disaster Communication |
| <input type="checkbox"/> Disaster Field Work | <input type="checkbox"/> Fire Suppression |
| <input type="checkbox"/> Triage/Medical | <input type="checkbox"/> Search and Rescue |
| <input type="checkbox"/> Public Health | <input type="checkbox"/> Newsletter Production |
| <input type="checkbox"/> Events/Public Relations | <input type="checkbox"/> Traffic Control |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City State Zip	
Home Phone	
Cell Phone	
Work Phone	
E-Mail Address	

Agreements and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I further agree to a background check and driving record check as a condition of application to and acceptance into the program. I also agree to appear in any video productions or photographs without a fee, salary, payment, remuneration or other compensation for the appearance now or in the future. I understand that I can opt out of video productions or photographs by informing the CERT Coordinator in writing.

Name	
Signature	
Date	

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering.

Please return application to: Jackie Weber, CERT Coordinator
Bloomington Public Health
1900 West Old Shakopee Road
Bloomington, MN 55431
Phone: 952-563-8779
Email: jweber@ci.bloomington.mn.us