

# City of Bloomington CERT Registration Form



## 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

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 registration form, I affirm that the facts set forth in it are true and complete. I 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 registration form and for your interest in the CERT program.

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](mailto:jweber@ci.bloomington.mn.us)