



CERT Volunteer Application

Instructions: Please type your information in the below form. Use the TAB key to move between fields. After completing the form, save a copy of the form as: **CERT-*Appl-lastname-first***, i.e., *CERT-Appl-Smith-John*. Send a copy of the application to StrongsvilleCERT@gmail.com You will be contacted by the Strongsville CERT Director to coordinate your CERT Training.

Personal Information							
First Name:				Last Name:			
Address:					City:		
State:		Zip:		Email:			
Phone	Cell:		Home:		Business:		

Emergency Contact				
Name:			Relationship:	
Day Phone:			Evening Phone:	

Background / Skills /Experience	
Business / Occupation:	
List below any of your skills, experience or training that would benefit CERT as a volunteer:	
Is there anything else that you would like us to know that would assist benefit CERT as a volunteer?	

Application Signature				
I verify that the information I have given herein is current and accurate to the best of my knowledge. I am aware that I must pass a background check conducted by the City of Strongsville. If this information is incomplete or untrue, I understand that my volunteer assignment can and will be terminated.				
Signature: (type your name)			Date:	