



CHARLES CITY COUNTY *Virginia*

CHARLES CITY COUNTY COMMUNITY EMERGENCY RESPONSE TEAM PROGRAM VOLUNTEER ENROLLMENT FORM

Name _____ Phone _____ DOB _____

Address _____ City _____ Zip _____

County _____ E-Mail Address _____

Current/Previous Occupation _____ Retired? No Yes

Special Training _____

Organization Membership _____

Other volunteer service _____

Emergency Contact – Name _____

Relationship _____ Address _____ City, Zip _____ Phone _____

Health related concerns? _____

Do you consider yourself disabled? No Yes How? _____

How did you find out about CERT? _____

What motivates you to volunteer? _____

CERT may use photos/videos taken of me in my volunteer service for public awareness and educational purposes. No Yes

CERT applicants with felony convictions will not be admitted to the program as volunteers upon completion of training.

CERT Course Date : _____

Signature of Volunteer

Date

Signature of Program Manager

Date