

CERT Data Sheet (Print Clearly)



Date Form Completed			
Date of first class			
First Name		Home Phone	()
Last Name		Work Phone	()
Year of Birth		Mobil Phone	()
Address		Alternate Phone	()
City		Fax Number	()
State		E-mail Address <small>(indicate upper/lower case)</small>	
Zip Code			
Gender	M F		

Bilingual: Yes No	Language Spoken <small>(other than English)</small>		
-------------------------	---	--	--

Advanced Training		Please List any other training or certifications not previously listed
Computer skills Y / N	Medical Professionals	
Amateur Radio Op Y / N	Type: MD RN EMT	
Lic #	Other (specify):	
Call Sign	Cert. #	
ARC Shelter Cert Y / N	<i>Please include the expiration date:</i>	
Other Certifications	Basic First Aid: Y / N	
(specify)	CPR (Exp date) Y / N	
Lic #	AED (Exp date) Y / N	

Please see reverse side for additional requested information
 CERT-115 (03-23-2009)

Affiliation with other Volunteer Organizations

Please list any other organizations to which you belong that may require your involvement during an emergency.

Please indicate which other organization would be the primary organization to which you will report in an emergency.

- MRC
- Nassau County Red Cross
- Auxiliary Police
- Civil Air Patrol
- SPCA
- Pet Safe

- Coast Guard Auxiliary Power Squadron
- ARES
- RACES
- Other: _____
- Other: _____

- OR -

Please list any job responsibilities that will take precedence during an emergency:

- Fire Department (specify) _____
- Police Dept (specify) _____
- Hospital
- Nursing Home
- Other: _____

Please list any days/hours you are unavailable for assistance during an emergency:

Hours: _____

- | | |
|--|---|
| <input type="checkbox"/> Rotating Shift Work | <input type="checkbox"/> Thursdays From: _____ to _____ |
| <input type="checkbox"/> Mondays From: _____ to _____ | <input type="checkbox"/> Fridays From: _____ to _____ |
| <input type="checkbox"/> Tuesdays From: _____ to _____ | <input type="checkbox"/> Saturdays From: _____ to _____ |
| <input type="checkbox"/> Wednesdays From: _____ to _____ | <input type="checkbox"/> Sundays From: _____ to _____ |