

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

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

Volunteer Skills and Certification Assessment

Please indicate the skills you possess, tasks for which you are qualified, or areas in which you have special expertise.

Please choose all that apply

A. Disaster Skills

- CERT: Date Trained: _____ Agency/Organization: _____
- Shelter Assistant: Date Trained: _____ Agency/Organization: _____
- Damage Assessment: Date Trained: _____ Agency/Organization: _____
- Shelter Operation: Date Trained: _____ Agency/Organization: _____
- Mass Care: Date Trained: _____ Agency/Organization: _____
- Fire Suppression: Agency/ Organization: _____
- Law Enforcement: Agency/ Organization: _____
- Public Health: Agency/ Organization: _____
- HAM Radio License: Tech License or Higher: EMCOMM Training:
- Military:
- Security:
- Public Works:

B. Office Skills

- Accounting: General Clerical:
- Data Entry: Computer Systems/Software:
- Logistics:

C. People Skills

- Sign Language:
- Child Care: Animal Care:
- Counselor: Special Populations:
- License: _____ (Disabled, seniors, etc)
- Food Prep/Service: Legal:
- Donations Management: Public Information:

D. Manual Skills

- Construction/Heavy Labor: CDL License:
- Carpentry: Endorsements: _____
- Plumbing: Forklift Operator:
- Electrician:
- Other: Specify: _____

E. Medical Skills

- Medical Doctor: License Number and Date: _____
- Nurse: RN LPN License Number and Date: _____
- EMT/EMS/ Paramedic: License Number and Date: _____
- Other Healthcare: License Number and Date: _____
- Veterinarian: License Number and Date: _____
- Vet Technician:
- Other: Specify: _____

F. Volunteer

- Interested in assisting with special projects in the Emergency Management Office:
- Monday From: _____ To: _____ Thursday: From: _____ To: _____
- Tuesday From: _____ To: _____ Friday: From: _____ To: _____
- Wednesday From: _____ To: _____

Nassau County CERT Bylaws, CAP and Equipment Acknowledgement Form

I hereby certify that I have received a copy of and have read the information presented in the Nassau County Community Emergency Response Team (CERT) Program's Bylaws document. Further, I acknowledge that I will abide by all rules and regulations that are set forth in the Bylaws.

I hereby certify that I have received a copy of and have read the information presented in the Nassau County Community Emergency Response Team (CERT) Program's CERT Activation Plan (CAP) document. Further, I acknowledge, that in my decision to respond "when called" to an emergency or disaster situations within Nassau County, it is my duty to obey all federal, state and local laws while functioning as a CERT member and follow the directions of the emergency response agencies and supervisors appointed over me.

I hereby certify that the equipment I receive from CERT, during Basic Training and any time thereafter is the property of Homeland Security and must be returned to the Nassau County Office of Emergency Management (OEM) in the event that I no longer participate in the Nassau County CERT program.

Print CERT Member Name

Date

CERT Member Signature



**OFFICE OF EMERGENCY MANAGEMENT
Background Request Form**

You must return original with your signature



**Nassau County
Community Emergency Response Team
Application / Questionnaire**

For Official Use

Nassau County Office of Emergency Management (OEM) pre-screens all Community Emergency Response Team (CERT) Volunteers. This policy was enacted to comply with the Federal Emergency Management Agency (FEMA) recommendations to ensure a professional working environment, as well as, for the protection of sensitive/ confidential information. Please answer the following questions below and sign and date the release on the bottom of the page.

APPLICANT NAME: (First) _____ / (Middle) _____ / (Last) _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

ALIASES: _____

ADDRESS: _____

Street City State Zip Country

PREVIOUS ADDRESS: _____

(List all previous address in the last 7 years. Use the back of this form if necessary.)

DRIVER'S LICENSE: (number/state) _____ / _____

DATE OF BIRTH: (month/date/year) _____ / _____ / _____ Gender M / F

UNIVERSITY/COLLEGE ATTENDED: _____
School City/State

DEGREE REC'D: _____ **YEAR CONFERRED:** _____

1. HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

2. HAVE YOU EVER RECEIVED DEFERRED ADJUDICATION OF ANY CRIME? THIS INCLUDES ANY PRE-TRIAL DIVERSION PROGRAM. YES NO

3. HAVE YOU EVER BEEN ARRESTED? YES NO (The fact that you were arrested will not preclude you from becoming a CERT)

If YES To #1, #2 or #3, please explain on a separate sheet. (Indicate in which city and state these offenses occurred)

I understand that in connection with the application process, Nassau County Office of Emergency Management will conduct a background check on me. The information provided by me will be the basis for the search of public records, which may include, but not be limited to, a search for criminal arrests/convictions, warrants, civil filings, social security number trace, past employment, bankruptcies, department of motor vehicle records, fictitious business filings, degree confirmation, articles of incorporation/limited partnership records, and drug test.

I indemnify and hold harmless, Nassau County Office of Emergency Management, and any person providing the requested information, from any liability and all damages whatsoever, resulting from the acquisition, use, retention, or disclosure of any such information. I will not hold Nassau County Office of Emergency Management, or their employees, or agents responsible for errors or inaccuracies in the acquisition or transmittal of information pertaining to the verification of my background.

If any adverse decision is made with regard to my application or employment (if any) based entirely or in part on the information contained in the consumer report, I understand I will be notified as to the basis of that decision and given a copy of the report, as well as a summary of my applicable rights

I have provided complete and truthful information to the Nassau County Office of Emergency Management and fully understand that any misrepresentations or material omissions concerning the information provided will be grounds for denying my application, withdrawing any offer, or immediate discharge.

My signature below indicates I have carefully read and understand this notice and consent to the release of a consumer report to Nassau County Office of Emergency Management for CERT volunteer purposes either in connection with my CERT application, or in connection with any future decisions concerning my, retention as an CERT volunteer. I understand my consent remains in effect indefinitely until it has been revoked in writing.

Signature: _____

Candidate's Signature

Consent Date

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

Bilingual: Yes No **Language Spoken** (other than English)

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	Please include the expiration	
Other Certifications	Basic First Aid: Y / N	
(specify)	CPR (Exp date) Y / N	
Lic #	AED (Exp date) Y / N	

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.

- | | |
|--|---|
| <input type="checkbox"/> Medical Reserve Corps | <input type="checkbox"/> Coast Guard Auxiliary Power Squadron |
| <input type="checkbox"/> Nassau County Red Cross | Amateur Radio |
| <input type="checkbox"/> Auxiliary Police | <input type="checkbox"/> ARES |
| <input type="checkbox"/> Civil Air Patrol | <input type="checkbox"/> RACES |
| <input type="checkbox"/> SPCA | <input type="checkbox"/> SKYWARN |
| <input type="checkbox"/> Pet Safe | <input type="checkbox"/> Other: _____ |