## TRAILER ESTATES CERT VOLUNTEER APPLICATION

name	Email		
Address			
	Todays Date		
Your CERT community			
Are you a veteran yes 0 No 0			
	If a licensed profession please list State License #		
Days available Mon 0 Tues 0 We	ed 0 Thurs 0 Fri 0 Sat 0 Sun 0		
TimesAM toPN	Л		
Licensed HAM radio operator Call S	ignClass		
Licensed GMRS radio operator Call	Sign		
organizations	other organization, if yes please list		
Do you speak any other language?	Yes 0 No 0, if yes specify		
-	ner interests you have that might be helpful in your		
How would you classify your compu	uter skills Good 0 Average 0 Minimal 0 None 0		
Please check the activity you are mo	ost interested in		
Shelter Work 0 Disaster Services 0	Damage Assessment 0 Disaster Record keeping 0		
Nursing 0 (RN) (LPN) (EMT) Logisti	ics_0 Search and Rescue_0 Other		
Would you be willing to serve in tim	ne of disaster yes 0 No 0		
Availability Daytime 0 Evenings 0 W	Veekdays 0 Daily 0 Weekly 0 Monthly 0		
Are you willing to travel and help th	nose outside of your county Yes 0 No 0		
Individual to be notified in case of a	an Emergency Name		

Address	Phone	
Relationship		
volunteering under advers	se conditions including, but r	physically and mentally capable of not limited to, extreme temperatures, pounds. Any exception are noted here,
if no exceptions just initial the CERT program.	, no exceptions here	This will not disqualify you from
I understand that the information is voluntarily supplied and may be used and disclosed for Emergency Management proposes; and that as a CERT Volunteer, I will not be paid for my services.		
Please Print your Name he	ere	
Sign Here		_ Date

Revised August 17, 2022