

Calabasas CERT Application

Date:				
Last Name	First Name		Middle Initial	
Address				
City		State	Zip Code	
() Home Phone	<u>(</u>) Work Phone		
() Cell Phone	[) Other		
Email Address:				
Date of completion of CERT Training:				
If you are an Amateur Radio Operator Expiration Date	(HAM),	please provide	your call sign:	
If you have special talents, skills or certificat	ions or l	licenses you would	d like to share with us, please indic	<u>cate:</u>

Are you bilingual? Yes No	Read: 🗌 Write: 🗌			
Do you need an accommodation to participate in the volunteer program? Yes 🗌 No 🗌				
If yes, please describe the acc	commodation:			
Shirt size: Small M	led Large			
Vest size: SmallM	led Large			
PLEASE ATTACH A COPY OF YO	OUR CERT COMPLETION CERTIFICATE			
<u>BACKGROUND INFORMATION</u> Your application is subject to a	a background Live Scan review.			
Please Note: This information	will be kept confidential.			
Date of Birth	Social Security #			
Driver License/I.D.#	ClassState IssuedExpir	ration Date		
Have you ever been convicte	ed of a crime other than minor traffic violati	ions? 🛛 Yes 🖾 No		
Conviction:				
Personal Reference				
Relationship	Name CELL Phone			
EMERGENCY CONTACT INFOR	MATION: In case of emergency, contact:			
Name	Relationship	Relationship		
Address	City	State Zip		
Home and /or Cell Phone	Email addre	Email address		

I declare under penalty of perjury that all statements on this application are true and complete to the best of my knowledge. I understand that false, misleading, or incomplete information shall be cause for disqualification.

I understand that appointment as a volunteer is an "at will" status; and the City or CERT Program Manager is free to release me. I may also cease volunteer work at any time. Upon separation from the CERT Program, the ID card and any items issued must be immediately returned to the CERT Program Manager.

Volunteer Signature

Date