



West Metro CERT Volunteer Application

Contact Information

Name (Last, First, Middle)	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer training and/or assignments?

Weekday: Mornings ___ Afternoons ___ Evenings ___

Weekend: Mornings ___ Afternoons ___ Evenings ___

24 Hour/7 Day a Week Disaster Response ___

Interests

Tell us in which areas you are interested in volunteering (check all that apply):

Disaster Operations/Scribe Disaster Communications

Disaster Field Work Fire Suppression

Triage/Medical Search and Rescue

Traffic Control Sheltering

Events/Public Relations Newsletter Production

If you have previous CERT experience or membership you may also indicate an interest in the leadership areas below:

___ CERT Team Leader ___ Cert Instructor (Requires previous TTT Certification)

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment (licenses/certifications), previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Emergency Contact

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Agreement and Signature

By submitting this application: I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I further agree to a criminal background check and driving record check as a condition of application to and acceptance into the program.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Please return Application to: Tom Mahan, New Hope Police Dept., 4401 Xylon Av N, New Hope, 55428
tmahan@ci.new-hope.mn.us

Official Use Only

Drivers License Clear ___ Not Clear ___

Local Records check Clear ___ Not Clear ___

Local Warrants check Clear ___ Not Clear ___

CCH Clear ___ Not Clear ___

(Attach documentation for any "Nor Clear")

Date checked ___ / ___ / _____ Checked by _____

**CITIES OF NEW HOPE & CRYSTAL
General Authorization and Release of Information**

I, the undersigned, hereby authorize and grant my informed consent to permit the Minnesota Bureau of Criminal Apprehension (BCA) and New Hope and Crystal Police Departments (NHPD/CPD) to inspect, gather and release to police investigators for the Cities of New Hope and Crystal (CITIES) all data classified as private which concerns me and which may be in their possession. The data, classified as private under M.S. 13.02, Subd. 12, includes all data which in any way relates to my dealings with the BCA and/or the NHPD/CPD. I understand that the purpose of permitting the CITIES to have access to this information is to determine my suitability for CERT.

By signing this authorization, I hereby release the BCA and the NHPD/CPD from any and all liability which otherwise may or does accrue as a result of the release of any and all data, regardless of its accuracy. I also release the CITIES from any and all liability for its receipt and use of data received pursuant to this consent. I understand that if I am rejected as a candidate for employment, on the basis of criminal conviction, I will be notified in writing and be given rights of redress subject to applicable laws. I also understand that I am not legally required to sign this form, but if I do not, the CITIES will not be able to determine whether my conviction record is a CERT-related consideration.

This authorization shall be valid for a period of one year, but I reserve the right, at any time prior to that expiration, to cancel the written authorization by providing written notice to the CITIES of that intent.
Please print the following information:

Full Name (first, middle, last)	
Current Address (street address, city, state, zip code, and county)	
Alias Name(s)	Maiden Name
Driver's License State and Number	Driver's License Expiration Date
Date of Birth	

I certify that all statements by me on this form are true and complete. I understand that any false statements or omissions on this form shall be sufficient cause for rejection of my application or dismissal if I am hired.

I hereby authorize the Cities of New Hope and Crystal to use this information to determine by suitability as a CERT volunteer.

Signature of Applicant

Date

Signature of Parent/Guardian if applicant is a minor

Please return to:
Tom Mahan
4401 Xylon Avenue North
New Hope, MN 55428

Equal Opportunity Employer/Affirmative Action

Policy Case #:			
<input type="checkbox"/>	(All applicants) No identifiable criminal history record exists or is non-disclosable		
<input type="checkbox"/>	(18 and over) Record confirmed. Contact the Police Chief		
<input type="checkbox"/>	(Under 18) Contact Police Chief		
Lead Investigator Signature :		Date :	