



COMMUNITY EMERGENCY RESPONSE TEAM

(CERT)



Please answer the following questions fully and legibly. Please print or type each section.

PERSONAL INFORMATION

LAST, FIRST MIDDLE		NICKNAMES /ALIASES/ MAIDEN NAME	
STREET ADDRESS		CITY, ZIP CODE	
MAILING ADDRESS (IF DIFFERENT)		CITY, ZIP CODE	
HOME PHONE		WORKPHONE	CELL PHONE
PERSONAL EMAIL ADDRESS		WORK EMAIL ADDRESS	
BEST TIME TO CALL / WAY TO CONTACT			DATE OF BIRTH {mm/dd/yyyy}
DRIVERS LICENSE NUMBER	EXPIRATION DATE	CLASS	STATE

EMERGENCY CONTACT-WILL BE NOTIFIED IN CASE OF AN EMERGENCY

NAME		RELATIONSHIP
STREET ADDRESS		CITY, ZIP CODE
HOME PHONE	WORK PHONE	CELL PHONE/PAGER

PROFESSIONAL LICENSE CERTIFICATION SPECIALTIES, SKILLS AND ABILITIES

TYPE OF LICENSE/CERTIFICATION EXPIRATION DATE	LICENSE/CERTIFICATION NUMBER AND
NAME ON LICENSE/CERTIFICATION	NAME OF STATE OR ISSUING AGENCY

Carson City Emergency Management
777 S. Stewart Street
Carson City, NV 89701
Main (775) 887-2210 FAX (775) 887-2209

CERT@CARSON.ORG

MEDICAL / OTHER TRAINING / CERTIFICATION:

Do you have any of the following skills? (Even if licenses are not current)

- ☐ Advanced Cardiac Life Support
- ☐ Advanced Trauma Life Support
- ☐ Basic Disaster Life Support (BDLS)
- ☐ Basic Cardiac Life Support (BCLS)
- ☐ Blood Borne Pathogens
- ☐ CERT training
- ☐ CPR/AED Certified

Expiration Date: _____

- ☐ Fatality Management

Explain: - _____

- ☐ First Aid
- ☐ Incident Command System (100 and 200)
- ☐ Medical Receptionist
- ☐ Mental Health Specialist

Explain: - _____

- ☐ National Incident Management System (NIMS 700)
- ☐ Nursing (CAN, LPN, NP, RN) list license above
- ☐ Paramedic/EMT list license above
- ☐ Pastoral Care Professional
- ☐ Pet First Aid
- ☐ Pharmacy Technician
- ☐ Psychological First Aid
- ☐ Social Worker
- ☐ Triage
- ☐ Vaccination Administration
- ☐ Veterinarian Experience:

Explain: _____

- ☐ Other _____

ADDITIONAL SKILLS:

Do you have any of the following skills?

- ☐ Computer Networking/Info Systems
- ☐ Crowd Management
- ☐ Customer Service
- ☐ Data Entry
- ☐ Elderly/Disabled Assistance
- ☐ Food Services
- ☐ Interpreter/Translator

Language(s): _____

- ☐ Inventory Supplies/Equipment
- ☐ Microsoft Office Suite (Word, Excel)

- ☐ Multi-Line telephone
- ☐ Office Administration (Copier, Fax, Scanner, etc.)
- ☐ Personal Computer/Printer
- ☐ Public Contact and Assistance
- ☐ Search and Rescue
- ☐ Traffic Control
- ☐ Transportation
- ☐ Other (Please Describe)

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ADDITIONAL INFORMATION

QUESTIONS	YES	NO	COMMENTS
Are you willing to travel and volunteer outside of your county?			
Are you willing to provide translation service?			
Are you physically fit to participate in this program?			
Do you have special needs or restrictions that require accommodation? If so, please explain what accommodation you may require.			
Are you committed to any other organization or agency, by virtue of employment or volunteerism, in the event of an emergency? If yes, explain.			
Has your professional license or certification ever been suspended or revoked in Nevada or any other state? Please explain.			
Have you ever been convicted of a crime, other than a traffic violation?			(Date, Charge, City/State, Disposition)

CURRENT EMPLOYMENT

EMPLOYER NAME	PHONE NUMBER
WORK ADDRESS	CITY, ZIP CODE
HOURS OF WORK A WEEK	DAYS OF WORK A WEEK

INFORMATION VERIFICATION

I AFFIRM THAT THE INFORMATION CONTAINED ON THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

AS A VOLUNTEER FOR CARSON CITY, I MAY BE CALLED UPON TO ASSIST IN THE EVENT OF AN EMERGENCY OR DISASTER.

I UNDERSTAND THAT SUBMITTING THIS APPLICATION DOES NOT GUARANTEE ACCEPTANCE INTO THE CARSON CITY COMMUNITY EMERGENCY RESPONSE TEAM AND THAT A BACKGROUND CHECK IS REQUIRED..

SIGNATURE

DATE

PARENT'S SIGNATURE IF 16-17

PARENT'S NAME

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