



WEBER COUNTY CERT

721 W 12th Street Ogden, UT 84404

Tammy Folkman 778-6686

Community Emergency Response Team Volunteer Application

Date _____

Name _____

Address _____

City/State _____ Zip _____

Neighborhood or Community _____

Employer _____

Profession _____

Note: Please put a star by the best contact number for you:

Phone-H _____ W _____ Cell: _____

FAX _____

PLEASE PRINT EMAIL CLEARLY:

Email _____

Emergency Contact Name _____ PH _____

Drivers License _____ State _____ Date of Birth _____

Where did you hear about CERT and our volunteer opportunities?

Are you over 18 years of age? **YES** **NO**

Do you have a Ham Radio license or would you be willing to learn this skill? **YES** **NO**

If you have a disability, what accommodations would you need to do this volunteer position?

What in particular attracted you to CERT? _____

Are there any certain skills, training or knowledge you wish to utilize with CERT?

What training, resources or support do you anticipate needing to do this volunteer work?

Have you every been convicted of a crime? **YES** **NO**

If yes, please explain and give disposition:

By signing, you agree to these terms: I authorize investigation of all statements contained in this application and any supporting documents and I understand that a background check may be conducted. I authorize Weber County and its non-profit partners to secure information from the references I have provided, and release all parties from any liability arising from such investigation. I also agree to allow the County a model release to use my name, photo, video or CERT status in promotional materials for CERT without payment.

Signature of applicant: _____ Date: _____