



Reno County Emergency Management Community Emergency Response Teams

Community Emergency Response Team Application

Applicant Information

Full Name: _____

Address: _____

Phone: _____ Email: _____

Driver's License Number: _____ Date of Birth: _____ Sex: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Number: _____

Emergency Contact Address: _____

Special Skills and Training: _____

Amateur Radio Operator? Call sign: _____ Class: _____

Current Licenses (MD, RN, LPN, EMT, etc.) _____

Employment Status: _____

Other Languages Spoken: _____

Have you ever been convicted of a criminal offense other than minor traffic violations? Yes No

If Yes, explain: _____

Name of Highest School Attended: _____

Did you Graduate? Year of Graduation: _____

Type of Degree: _____ Major: _____

Do you have any personal health issues that would impact your ability to volunteer? Yes No

If so, please list here or speak personally with CERT: _____

Are you a part of an emergency/disaster plan with any other organization? Yes No

If so, please explain: _____



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References

Please list two references.

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Signature

I fully understand, acknowledge and agree to the following:

The program is under no obligation to accept all interested volunteers.

Any or all of the following may be required before placement in any sensitive volunteer position:

- a. Background Investigation
- b. Fingerprinting
- c. Substance Abuse Testing

I hereby certify that all information on this application is accurate and correct and I hereby make application for membership in the Reno County Community Emergency Response Team program. I understand that I am applying for a volunteer position without compensation and this is not an application for, nor a contract of, employment. I understand that this application does not automatically make me a member and that further interviews and training will take place.

I understand that every attempt will be made to reduce the risks to volunteers; however, some risks may be present during an emergency, disaster, during training and at non-emergency events.

I further understand and hereby give written permission for the Reno County Office of Emergency Management to submit my name for criminal and driving background checks.

Signature of Applicant: _____ Date: _____

Please complete this form and submit by mail or hand it in to:
Reno County Emergency Management
206 W 1st Avenue
Hutchinson, KS 67501

If you have any questions about this program or application, please contact Reno County Emergency Management at (620) 694-2974.