



# Community Emergency Response Team

## Training and Member Enrollment Form

**Please print and complete all sections.**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

The following questions are optional:

Ethnic Group:      \_\_ Caucasian   \_\_ African-American   \_\_ Native American/Alaskan  
                          \_\_ Hispanic    \_\_ Pacific Islander    \_\_ Asian            \_\_ Other

Gender:   \_\_ Male    \_\_ Female

Are you a military veteran? \_\_\_\_\_

Are there any members of your immediate family currently on active duty military? \_\_\_\_\_

Do you have any physical limitations, or require any special accommodations?  
\_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

**CERT may use photos/videos taken of me in my volunteer service for public awareness and educational purposes:**    Yes    No

**BENEFICIARY FOR CERT SUPPLEMENTAL ACCIDENT INSURANCE:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

I understand that to become a member of a Mendocino County CERT Team, I will be required to complete the applicable training and submit fingerprints and complete a background check. Upon successful completion of these requirements, I will be required to take an oath to become a Disaster Service Worker.

Signature of Volunteer \_\_\_\_\_

Date \_\_\_\_\_

Signature of RSVP Staff \_\_\_\_\_

Date \_\_\_\_\_

**NORTH COAST OPPORTUNITIES, INC. (NCO)  
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