



Lorain County CERT

Community Emergency Response Team

Application

Name: _____
Last, First

Lorain County CERT Application

Please rate your skills in all of the areas that apply to you.			
Skill	Minimal (1)	Good/ Satisfactory (2)	Above Average/ Expert (3)
Accounting			
Bookkeeping			
Completing Forms 1 on 1 (registration)			
Communications (telephone, radios)			
Computers & Data Management			
Custodial Tasks			
Data Entry			
Desk Top Publishing (computer)			
Detail Orientated			
Directing People Traffic			
Directing Vehicle Traffic			
Event Planning			
Filing (paperwork)			
Food Service Preparation (for groups)			
Foreign Language (please specify)			
Inventory Control			
Leadership of Teams			
Medical Training			
Narration Skills (presenter)			
Organizational Skills			
Photography			
Public Speaking			
Receptionist/Clerical			
Scheduling Experience			
Secretarial Skills/Office Management			
Sign Language			
Supervision/Management			
Telephone Skills			
Television/Video Programming			
Typing Skills			
Wheelchair Transporting			
Volunteer Management			
Other (specify)			
Other (specify)			

Lorain County CERT Application

All information will be treated confidentially. Please answer all questions as completely as possible.

Personal Information								
Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms.	<input type="checkbox"/> Other:			
Last Name:			First Name:			Middle Initial:		
Address:					City			
State:		Zip Code:		Email:				
Home Phone:			Business Phone:			Cell Phone:		
Pager:			Fax:			Other (specify):		
Emergency Contact								
Name:					Relationship:			
Complete Address:								
Day Phone:			Evening Phone:			Night Phone:		
Cell Phone:			Pager:			Other (specify):		
Group Affiliation If there is no affiliation check here <input type="checkbox"/>								
Group Name:								
Group's Complete Address:								
Group's Contact Name:			Phone Number:			Alternate Phone Number:		
Availability								
Days:	<input type="checkbox"/> Mon-Fri	<input type="checkbox"/> x Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Times:	<input type="checkbox"/> morning 6am – 12pm		<input type="checkbox"/> Afternoon 12pm – 6pm		<input type="checkbox"/> Evening 6pm – 12am		<input type="checkbox"/> Nights 12am – 6am	
Would you be able to assist in preparedness activities/projects? <input type="checkbox"/>Yes <input type="checkbox"/> No								
Time Commitment								
How much time do you feel you want to commit to volunteering?								
<input type="checkbox"/> _____ times per week			<input type="checkbox"/> __10____ times per month					
<input type="checkbox"/> _____ times per year			<input type="checkbox"/> Other (specify) _____					
Licenses (Drivers and Professional)								
Type:	State:	Number:			Expiration Date:			
	Ohio							
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	Ohio							
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	Ohio							

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- 1. What are your areas of expertise and would you like to volunteer your skills?**

- 2. Is there any other information that would assist us with your placement as a volunteer?**

**Volunteer's
Signature:** _____

Date: _____