

Henry County Office of Emergency Management  
100 Henry Parkway  
McDonough, Georgia 30253  
Director Don Ash

**CERT Volunteer Enrollment Form**

Date: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Phone Work Phone

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone Pager

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

Shirt Size: (circle one) Small Medium Large X-Large XX-Large XXX-Large

Are you bi-lingual? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, What Language:

\_\_\_\_\_  
Speak Read Write

Do you have a disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, List special accommodations needed:

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Information**

In case of emergency, person to contact should be:

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

\_\_\_\_\_  
Address City

\_\_\_\_\_  
State Zip Code Phone Number

**Background Information**

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Drivers License/I.D.# \_\_\_\_\_ Class \_\_\_\_ State \_\_\_\_ Exp. Date \_\_\_\_\_

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

Are you currently awaiting trial, on probation or parole? Yes No

Name of current or most current Employer \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Supervisor's Name Supervisor's Phone Number

Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for leaving \_\_\_\_\_

\_\_\_\_\_  
Personal Reference

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

\_\_\_\_\_  
Address City State Zip Phone #

**Statistical Information (Optional)**

Age Group: \_\_\_\_ 13-18 \_\_\_\_ 19-39 \_\_\_\_ 40-69 \_\_\_\_ 70+

Sex: \_\_\_\_ Female \_\_\_\_ Male

Ethnic Group: \_\_\_\_ African-American \_\_\_\_ Hispanic \_\_\_\_ Native American

\_\_\_\_ Caucasian \_\_\_\_ Asian \_\_\_\_ Other

I declare under penalty of perjury that all statements on this enrollment form and attachments are true and complete to the best of my knowledge. I understand that false, misleading, or incomplete information shall be cause for disqualification.

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Volunteer Signature

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Date

*If under 18 years of age must have Parent or Guardian consent:*

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Parent/Guardian Signature of Consent

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Date

**Georgia Bureau of Investigation  
Georgia Crime Information Center**

**Consent Form**

I hereby authorize \_\_\_\_\_  
to receive any Georgia criminal history record information pertaining to me which may  
be in the files of any state or local criminal agency in Georgia.

\_\_\_\_\_  
Full Name (print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

**One of the following must be checked:**

- This authorization is valid for 90/180/\_\_\_\_ (circle one) days from date of signature.
- I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.