CERT Volunteer Enrollment Form

Date: ________________

<table>
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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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Address

City       State       Zip Code

(____)_______________________ (____)_______________________
Home Phone  Work Phone

(____)_______________________ (____)_______________________
Cell Phone   Pager

Email Address: ____________________________

Shirt Size (Circle One): Small  Medium  Large  XLarge  XXLarge  XXXLarge
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:

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<th>Name</th>
<th>Relationship</th>
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<th>State</th>
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**Background Information**

Date of Birth _____ / _____ / _____

Drivers License/ID#: _______________ Class _____ State _____ Exp. Date _____

Have you ever been convicted of a crime other than minor traffic violations?  YES  NO

Are you currently awaiting trail, on probation, or parole?  YES  NO

Name of current or most current employer ____________________________

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Supervisor’s Name ____________________________ Phone #

Dates: From _____ / _____ / _____ To _____ / _____ / _____ Reason for Leaving: ______

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Personal Reference: ____________________________

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**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.

Volunteer Signature _______________________________ Date _______________________________

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

Parent/Guardian Signature of Consent _______________________________ Date _______________________________

______________________________
Notary Public
Georgia Bureau of Investigation
Georgia Crime Information Center

Consent Form

I hereby authorize **Henry County Emergency Management/ CERT Program**
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 (PLEASE PRINT)**

________________________________________________________________________

**Address**

________________________________________________________________________

**Sex**    **Race**    **Date of Birth**    **Social Security #**

________________________________________________________________________

**Signature**

________________________________________________________________________

**Date**

________________________________________________________________________

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 the 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.