



Austin County CERT Community Emergency Response Team Participant Application

Class # _____

Please print clearly

PARTICIPANT INFORMATION			
Last Name	First	M.I.	Date
Home Address		Apt / P O Box #	
City	State: TEXAS	ZIP	
Home Phone()	E-mail		
Cell Phone ()	Work Phone ()		
Employer <i>(if applicable)</i>		Occupation	
Work Address			
City	State	TEXAS	ZIP
How did you hear about CERT Training?			
Why do you want to attend CERT Training?			

PERSONAL REFERENCES – NOT RELATED NOR CO-WORKERS			
<i>Please list two references</i>			
Full Name	Relationship		
Home Phone()	Cell Phone()		
Address			
Full Name	Relationship		
Home Phone()	Cell Phone()		
Address			
City	State	TEXAS	ZIP

<p style="text-align: center;">Have you ever been trained as an Emergency Service Provider? <input type="checkbox"/> FIRE <input type="checkbox"/> POLICE <input type="checkbox"/> EMS</p>	
Where?	When?
<p>Have you taken a Red Cross First Aid Course in the last three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of expiration on card ____/____/____</p>	
<p>Have you taken a CPR Course in the last three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of expiration on card ____/____/____</p>	
<p>If No, would you be interested in being Certified / Recertified? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Are you Multi-lingual? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>If Yes, what languages do you speak _____ read _____ write _____</p>	
<p>Physical Condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p>	<p>Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>This program does include physical activity. Do you require any special accommodations to participate in this program? <input type="checkbox"/> Yes <input type="checkbox"/> No. <i>(If Yes, Please explain)</i></p>	

AUSTIN COUNTY USE ONLY

Mandatory information before CERT ID badge can be issued			
Hair Color	Eye Color	Height	Weight
Blood type (contact physician if unsure)			
Do you have any Drug Allergies? <input type="checkbox"/> Yes (print clearly and list) <input type="checkbox"/> No (please check if no allergies)			
Do you take any Medications? <input type="checkbox"/> Yes (print clearly and list) <input type="checkbox"/> No (please check if no medications)			

EMERGENCY CONTACT	
<i>If husband and wife are in the same class – list a different emergency contact</i>	
Full Name	Relationship
Home Phone()	Cell Phone()
Address	
Full Name	Relationship
Home Phone()	Cell Phone()
Address	

OFFICIAL BACKGROUND INFORMATION		
Date of Birth	Last 4 digits of Social Security # XXX-XX-_____	
Driver’s License #	Class	
Expiration Date ____/____/____	State Issued	
I am a resident of _____ County	I live in Precinct (check one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Have you ever been convicted of a crime other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently awaiting trial, on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please list when, where and the offense:		

INFORMATION FOR BACK PACK DISTRIBUTION
<i>Please fill out the size you wear (remember you might have layers of clothing on and you might want to adjust the size)</i>
SIZES: <input type="checkbox"/> T-Shirt <input type="checkbox"/> Jacket <input type="checkbox"/> Rescue Gloves

PARTICIPANT RESOURCE INFORMATION

This questionnaire is to be used to determine an inventory of emergency equipment owned by CERT members and develop a list of emergency related equipment and experience available to us in case of an emergency.

Do you have the following equipment? <i>(check the list. any additional info regarding size, length, voltage, make, model, etc will be helpful)</i>	YES	NO	INFO	INFO
Chainsaw (working condition)				
Portable Generator			Size _____	
Portable Air Compressor				
Welder (stick or wire feed)			110 ACV _____	220 VAC _____
Acetylene / Oxygen Torch Rig or Plasma Cutter				
Gasoline powered Cut-Off Saw				
Pickup Truck ___ and/or SUV ___ with cargo space			Model _____	Model _____
Flat Bed Trailer			Size _____	
Motor Home			Make _____	Length _____
Travel Trailer			Make _____	Length _____
Are you equipped to pull a trailer (brakes, lights, etc)?				
Do you have a boat that can be used for rescue? Description:			Make _____	Length _____
Utility ATV			Make _____	
30 HP or larger tractor				
Bolt cutter (24 inch or larger)				
Do you have a power stabilizer / UPS on your computer power input?				
Do you have air tools (ratchet, cut off wheel, die grinder)?				
List any other tools that might be needed in an emergency				

By completing this application, I consent for Austin County to check my background using public records; including, but not limited to, records of past criminal arrests and/or convictions, identification and citizenship. 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.

I give permission for any still photography or video footage in which I may appear to be used for whatever purpose deemed appropriate. I release any involved agencies and jurisdictions from any liability to this training.

Name (signature)

Date

Name: (please print clearly) _____

Class # _____

Mv skills and where I could serve

Please check () all that apply:

<p>Career/Business:</p> <ul style="list-style-type: none"><input type="checkbox"/> Bookkeeping<input type="checkbox"/> Finance / Banking<input type="checkbox"/> Food<input type="checkbox"/> Human Resource<input type="checkbox"/> Hotels<input type="checkbox"/> Inventory<input type="checkbox"/> Law / CPA<input type="checkbox"/> Marketing / Media<input type="checkbox"/> Supervisor<input type="checkbox"/> Other <p>Communications:</p> <ul style="list-style-type: none"><input type="checkbox"/> CB or Ham Operator<input type="checkbox"/> Car with GPS<input type="checkbox"/> Cell Phone Support<input type="checkbox"/> Sky Phone Support<input type="checkbox"/> Public Relations<input type="checkbox"/> Public Speaker<input type="checkbox"/> News / Media<input type="checkbox"/> Other <p>Computer:</p> <ul style="list-style-type: none"><input type="checkbox"/> Basic Computer<input type="checkbox"/> Computer Programmer<input type="checkbox"/> Computer Technician<input type="checkbox"/> Data Management<input type="checkbox"/> Digital Photography<input type="checkbox"/> Service / Repair<input type="checkbox"/> Web Design / Internet<input type="checkbox"/> Other <p>Disaster Services:</p> <ul style="list-style-type: none"><input type="checkbox"/> CERT<input type="checkbox"/> CPR / First Aid<input type="checkbox"/> Disaster Volunteer<input type="checkbox"/> Damage Assessment<input type="checkbox"/> Fire Corps<input type="checkbox"/> Medical Reserve Corps<input type="checkbox"/> Neighborhood Watch<input type="checkbox"/> Protect Texas / SNS<input type="checkbox"/> Red Cross<input type="checkbox"/> RACES<input type="checkbox"/> Search & Rescue<input type="checkbox"/> Shelter Operations<input type="checkbox"/> Shelter Management<input type="checkbox"/> Storm Watch<input type="checkbox"/> VOAD<input type="checkbox"/> Volunteer Management<input type="checkbox"/> Other	<p>Equipment:</p> <p>Can operate / assemble:</p> <ul style="list-style-type: none"><input type="checkbox"/> Backhoe<input type="checkbox"/> Chainsaw<input type="checkbox"/> Generator<input type="checkbox"/> Fork Lift<input type="checkbox"/> Pump<input type="checkbox"/> Road Grader<input type="checkbox"/> Tent / Camping <p>Labor:</p> <ul style="list-style-type: none"><input type="checkbox"/> Clean- Up<input type="checkbox"/> Food Service/Meals<input type="checkbox"/> Loading / Shipping<input type="checkbox"/> Sorting / Packing<input type="checkbox"/> Operate Equipment<input type="checkbox"/> Painting<input type="checkbox"/> Minor Home Repair <p>Languages:</p> <ul style="list-style-type: none"><input type="checkbox"/> Arabic<input type="checkbox"/> Chinese<input type="checkbox"/> French<input type="checkbox"/> Japanese<input type="checkbox"/> Spanish<input type="checkbox"/> Sign Language<input type="checkbox"/> Vietnamese / Asian<input type="checkbox"/> Other <p>Medical / Health:</p> <ul style="list-style-type: none"><input type="checkbox"/> EMT<input type="checkbox"/> Emergency Care Attend<input type="checkbox"/> Medical Practitioner<input type="checkbox"/> Nurse<input type="checkbox"/> Nurse Aide<input type="checkbox"/> Pharmacist<input type="checkbox"/> Pharmacy Tech<input type="checkbox"/> Physician<input type="checkbox"/> Physician's Assistant<input type="checkbox"/> Physical Therapist<input type="checkbox"/> Veterinarian<input type="checkbox"/> Ward Clerk<input type="checkbox"/> Other <p>Office Support:</p> <ul style="list-style-type: none"><input type="checkbox"/> Assistant/Manager<input type="checkbox"/> Clerical – filing, copying<input type="checkbox"/> Data Entry<input type="checkbox"/> Phone<input type="checkbox"/> Reception<input type="checkbox"/> Secretary <input type="checkbox"/> Other	<p>Public Safety:</p> <ul style="list-style-type: none"><input type="checkbox"/> Crowd Control<input type="checkbox"/> Fire Fighter<input type="checkbox"/> HazMat Instructor<input type="checkbox"/> Military Police<input type="checkbox"/> Military<input type="checkbox"/> Police Assistant<input type="checkbox"/> Risk Management<input type="checkbox"/> Safety Officer<input type="checkbox"/> Security Guard<input type="checkbox"/> Sworn Officer<input type="checkbox"/> Traffic Control <p>Services:</p> <ul style="list-style-type: none"><input type="checkbox"/> Animal Care / Rescue<input type="checkbox"/> Auto Repair / Towing<input type="checkbox"/> Case Worker<input type="checkbox"/> Child / Day Care<input type="checkbox"/> Counseling<input type="checkbox"/> Elderly / Disabled Asst<input type="checkbox"/> Mental Health Counsel<input type="checkbox"/> Social Work<input type="checkbox"/> Spiritual Counsel<input type="checkbox"/> Teacher / Trainer <p>Structural:</p> <ul style="list-style-type: none"><input type="checkbox"/> Block Construction<input type="checkbox"/> Electrical<input type="checkbox"/> General Contractor<input type="checkbox"/> Locksmith<input type="checkbox"/> Metal Construction<input type="checkbox"/> Plumbing<input type="checkbox"/> Roofing<input type="checkbox"/> Wood Construction<input type="checkbox"/> Other <p>Transportation:</p> <table border="0"><thead><tr><th>Have</th><th>Can Do</th></tr></thead><tbody><tr><td><input type="checkbox"/> ATV</td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Boat</td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> School Bus</td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Camper / RV</td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Car</td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Commercial Driver</td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Pilot - Private</td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Pilot – Helicopter</td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> SUV / Van</td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Tractor</td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Trailer</td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Truck / 4 WD</td><td><input type="checkbox"/></td></tr></tbody></table>	Have	Can Do	<input type="checkbox"/> ATV	<input type="checkbox"/>	<input type="checkbox"/> Boat	<input type="checkbox"/>	<input type="checkbox"/> School Bus	<input type="checkbox"/>	<input type="checkbox"/> Camper / RV	<input type="checkbox"/>	<input type="checkbox"/> Car	<input type="checkbox"/>	<input type="checkbox"/> Commercial Driver	<input type="checkbox"/>	<input type="checkbox"/> Pilot - Private	<input type="checkbox"/>	<input type="checkbox"/> Pilot – Helicopter	<input type="checkbox"/>	<input type="checkbox"/> SUV / Van	<input type="checkbox"/>	<input type="checkbox"/> Tractor	<input type="checkbox"/>	<input type="checkbox"/> Trailer	<input type="checkbox"/>	<input type="checkbox"/> Truck / 4 WD	<input type="checkbox"/>
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