



Killeen Community Emergency Response Team

VOLUNTEER APPLICATION

Applicant Name: _____
First Middle Last

Date of Birth (mm/dd/yy): _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

Address: _____
City State Zip

Are you a Veteran: _____ Branch of Service: _____ MOS: _____

Have you completed the "Introduction to CERT" class online: YES NO

If "YES" please bring a copy of your Certificate to the next volunteer meeting.

If "NO" go to <http://training.fema.gov/is/courseoverview.aspx?code=IS-317> to complete this training and bring a copy of your Certificate to the next meeting.

List Any Prior Volunteer Experience Below:

In general, describe your overall availability during the following times:

Weekday (M-F 7AM – 6PM): _____

Evening (AFTER 6PM): _____

Weekends/Holidays: _____

Are there any limitations that could affect your task assignment during any level of event?

YES NO

If "YES" provide details below: (if additional space is needed attach sheets)

Do you have any special training related to CERT?

YES NO

If "YES" provide details below: (if additional space is needed attach sheets)

DRIVER LICENSE

(List all licenses held in past 3 years - if additional space is needed, attach sheets)

1.

State	License Number	Class
Endorsements	Expiration Date	

2.

State	License Number	Class
Endorsements	Expiration Date	

3.

State	License Number	Class
Endorsements	Expiration Date	

Have you ever been denied, or had revoked or suspended any license, permit, or privilege to operate a motor vehicle?

YES NO

If "YES" provide details below: (if additional space is needed attach sheets)

DRIVING EXPERIENCE

Class of Equipment **Dates: Month/Year** **Approx. # of total miles driven**

Automobile _____

Van / Pick Up _____

Truck _____

Bus _____

Other _____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

Location (City/State)	Date	Charge	Penalty
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

ACCIDENT RECORD FOR THE PAST 3 YEARS

Location (City/State)	Date	Nature of Accident	Results
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

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

If "YES" please list when, where and what the offense was below:

APPLICANT MUST READ THE FOLLOWING AND SIGN

This certifies that this application was completed by the undersigned, and that all entries and information in it are true and complete to the best of my knowledge. I hereby authorize the Killeen Community Emergency Response Team to use the information provided to conduct a background investigation as it relates to my candidacy for a position as a CERT volunteer. I understand that any misrepresentation of information in this application may be cause for denial of this application. I understand that if accepted into the CERT I am required to abide by all rules, guidelines, procedures, and regulations of the team.

SIGNATURE

DATE

PRINTED NAME