

Lewis Co. Emergency Management Zone \_\_\_\_\_  
Application for CERT TEAM

Full Name: \_\_\_\_\_

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

Phone number: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

E-Mail address if any \_\_\_\_\_

Previous Volunteer Experience \_\_\_\_\_

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Special Skills/Training \_\_\_\_\_

Special Interests: \_\_\_\_\_

Type of work Preferred: \_\_\_\_\_

What hours are you available: \_\_\_\_\_

What Days: \_\_\_\_\_ Do you have access to a vehicle: \_\_\_\_\_

Do you have a valid Drivers License? \_\_\_\_\_ Are you a Citizen? \_\_\_\_\_ Are you 18? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

Do you have any Disabilities that would prevent you from performing the work that may be required? Yes No

If yes: \_\_\_\_\_

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Any work that may be of a sensitive nature, in which you may want to help with, requires a background check. Would you be interested? Yes No  
If so we will be in touch at a later date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date