

# 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: \_\_\_\_\_

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

**BACKGROUND INFORMATION**

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

Driver's License/I.D.# \_\_\_\_\_ Class \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

**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