

# VOLUNTEER APPLICATION

Clark County Office of Emergency  
Management CERT Team



## PERSONAL INFORMATION

Name \_\_\_\_\_ Birth date \_\_\_\_\_

AKAs (Maiden name, nickname(s), other name changes) \_\_\_\_\_

Gender \_\_\_\_\_ Place of Birth (City) \_\_\_\_\_ (State) \_\_\_\_\_

Home Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

## LANGUAGE INFORMATION

Do You Know Any Languages Other Than English? Yes No

If Yes:

What Language(s) \_\_\_\_\_  Write  Speak  Read

\_\_\_\_\_  Write  Speak  Read

## EMERGENCY CONTACT INFORMATION

In Case of Emergency Please Notify:

\_\_\_\_\_  
Name Address Phone

\_\_\_\_\_  
Relationship

## EMPLOYMENT INFORMATION

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Length of Present Employment \_\_\_\_\_  Full time  Part Time

Are you available to volunteer during business hours  Yes  No

Please advise preferred times that you would like to volunteer \_\_\_\_\_

\_\_\_\_\_

## EDUCATION INFORMATION

High School Graduate?  Yes  No

If not, do you possess a GED?  Yes  No

| <i>School / Training Attended</i> | <i>Dates</i> | <i>Major / Subject / Degrees/ Certificates</i> |
|-----------------------------------|--------------|--|
|                                   |              |  |
|                                   |              |  |
|                                   |              |  |

## CIVIL HISTORY

Have you had, or do you currently have, any legal actions against Clark County? If yes, please give details:

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Have you or anyone in your household ever been investigated for Child/Elder Abuse/Neglect?

Yes  No If yes, explain and include the date and state: \_\_\_\_\_

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Have you or ever been denied any type of professional licensure or certification?  Yes  No

If yes, explain and include the date and state:

## IDENTIFICATION AND AUTOMOBILE INFORMATION

Do you possess a valid Nevada driver's license?  Yes  No

State Identification Card?  Yes  No

If you do not drive, do you have transportation?  Yes  No

If you do not have a Nevada Driver's License, what state is your licensed issued from? \_\_\_\_\_

Why do you not carry a Nevada License? \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Auto Insurance Carrier: \_\_\_\_\_

Personal liability/bodily injury/property damage coverage amounts: \_\_\_\_\_

## REFERENCES

Please list three personal or professional references. At least one reference must be local. Include the complete mailing address with the zip code, as well as the complete email address. Do not include relatives.

|          |               |      |
|----------|---------------|------|
| Name:    | Email:        |      |
| Address: |               |      |
| City:    | State:        | Zip: |
| Phone:   | Relationship: |      |
| <hr/>    |               |      |
| Name:    | Email:        |      |
| Address: |               |      |
| City:    | State:        | Zip: |
| Phone:   | Relationship: |      |
| <hr/>    |               |      |
| Name:    | Email:        |      |
| Address: |               |      |
| City:    | State:        | Zip: |
| Phone:   | Relationship: |      |

## HOBBIES / INTERESTS / SKILLS

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## **STATEMENT OF REQUIRED TRAINING AND VOLUNTEER STATUS ACKNOWLEDGEMENT**

If accepted as a volunteer of the Clark County Community Emergency Response Team (CERT) Team, I agree to attend and successfully complete the initial CERT training as required, and annually complete a minimum of 4 hours of in-service training offered by the CERT Program or through another credible agency as approved by Clark County Emergency Management. I further understand that I cannot assume the duties of a deployable CERT volunteer or represent myself as a CERT volunteer for Clark County until I have successfully completed the initial training and have been administered credentials.

\_\_\_\_\_ (initials)

I hereby submit my application to be considered as a Clark County CERT volunteer and attest that all the information herein is true, correct and complete. I understand that by submitting this application I authorize inquiries to be made concerning my suitability as a volunteer. I acknowledge that if I am selected to perform volunteer activities, I can be discharged at any time without cause. I further understand that information on this application may be shared with other organizations if any indication of risk to the public is present. I assume all risk and injury to myself while rendering my volunteer service.

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Signature

Date

## **AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, hereby certify all statements made on this application are true and correct to the best of my knowledge. I understand by submitting this application I authorize inquiries to be made concerning my suitability as a volunteer. The information requested in this application and any information that may be obtained by the Clark County Office of Emergency Management through inquiry of others will be used only for the purpose of determining suitability as a volunteer.

I further understand all information received as a result of the Clark County Office of Emergency Management inquiries will be held in strict confidence, and any information received by the program in this regard shall not be released to the applicant. I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event this consent shall automatically expire upon my termination of involvement with Clark County as a volunteer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



PLEASE PROVIDE ALL ADDRESSES WHERE YOU HAVE LIVED  
FOR THE PAST SEVEN YEARS INCLUDING ZIP CODES

CURRENT:

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FORMER:

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FORMER:

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FORMER:

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FORMER:

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FORMER:

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FORMER:

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May we contact your current employer?    Yes\_\_\_\_ No\_\_\_\_

## DISCLOSURE

For the benefit of Company and employees, Company has a policy of performing pre-employment background screening on job applicants as a condition of employment. This policy is a business practice that protects everyone by helping to promote a safe and profitable workplace. All pre-employment inquiries are limited to information that affects job performance and the workplace. It is conducted in accordance with applicable federal and state laws, including the Fair Credit Reporting Act (FCRA). The screening will be conducted by Screening One Inc., an outside agency. Company may obtain a consumer credit report and/or an investigative consumer report on you as an applicant or during the course of employment.

1. The report consists of information deemed to have a bearing on job performance, and may include information from public and private sources, public records, former employers and references. The scope of the report may include information concerning driving record, civil and criminal court records, credit, worker's compensation records, education, credentials, identity, past addresses, social security number, previous employment and personal references.
2. The report may also include reference checks from former employers, co-workers or references. Any past employment reference check is limited to job related information. These are known as an "investigative consumer report." This type of report is legally defined as a report based upon interviews that may contain information relating to my character, general reputation, personal characteristics or mode of living. You have the right to request additional disclosures of the nature and scope of the investigation and a statement of your rights. To receive this information or to inspect any files concerning such a report or to determine if a report on you has been requested, you may contact Company or Screening One, Inc. at (888) 327-6511, or at 2233 W. 190<sup>th</sup> Street, Torrance, CA 90504.
3. In using a report for employment purposes, before taking any adverse action based in whole or in part on the report, the person intending to take such adverse action shall provide to the consumer to whom the report relates a copy of the report and a description in writing of the rights of the consumer under the title, as prescribed by the Federal Trade Commission section 609(c)(3).
4. California Provisions: In California, any report concerning a consumer's character, general reputation, personal characteristics or mode of living is defined as an Investigative Consumer Report. In addition to your rights under federal law, you have the following additional rights: You have the right to inspect Screening One's files during normal business hours and on reasonable notice; the inspection may be in person, by certified mail, or by telephone if the individuals shows proper identification and pays for any copying charges; the applicant may be accompanied by one other person who must show proper identification; and trained Screening One personnel will explain any of the information in the report and will provide written explanation for any coded information.

5. CALIFORNIA, MINNESOTA, AND OKLAHOMA APPLICANTS ONLY:

I request a free copy of any Consumer Report, Investigative Report or Credit Report on me that is requested.

YES \_\_\_\_\_ NO \_\_\_\_\_

I, \_\_\_\_\_, hereby consent and authorize Company and/or Screening One, Inc. on the employer's behalf, to prepare each report as defined above for employment purposes before employment or anytime after employment.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_