



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 |

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

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 | | | | |
| | | | | |
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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 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type="checkbox"/> Truck / 4 WD | <input type="checkbox"/> |
|--|---|--|------|--------|------------------------------|--------------------------|-------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------------------|--------------------------|------------------------------|--------------------------|--|--------------------------|--|--------------------------|---|--------------------------|------------------------------------|--------------------------|----------------------------------|--------------------------|----------------------------------|--------------------------|---------------------------------------|--------------------------|
| 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"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |