

Application To Volunteer on The Community Emergency Response Team

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Age: \_\_\_\_\_

Availability: \_\_\_\_\_

How many hours would you be able to assist ? 2-4 \_\_\_\_\_ 4-8 \_\_\_\_\_ 8-12 \_\_\_\_\_

First Aid/Medical Experience ? Yes \_\_\_\_\_ No \_\_\_\_\_

CPR Certified: Yes \_\_\_\_\_ No \_\_\_\_\_

Certifications: \_\_\_\_\_

\_\_\_\_\_

Experience: \_\_\_\_\_

\_\_\_\_\_

Specific Skills: \_\_\_\_\_

\_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_