



Nassau County

Community Emergency Response Team

Application

Date / /

First Name		Home Phone:	
Last Name		Work Phone:	
Address		Mobile Phone:	
Address line 2		Mobile Carrier:	
City		Email Address:	
State			
Zip Code		Emergency Contact Name:	
Date of Birth	/ /	Emergency Contact Phone:	
Gender	(Check One) M <input type="checkbox"/> F <input type="checkbox"/>		
Languages Spoken			

Advanced Skills			
Amateur radio	<input type="checkbox"/> YES	Lic #/Call Sign	/
ARC Shelter Cert.	<input type="checkbox"/> YES		
CPR/AED	<input type="checkbox"/> YES	Expiration	/ /
Basic First Aid	<input type="checkbox"/> YES	Expiration	/ /

Affiliation with other Organizations

Medical Reserve Corps	<input type="checkbox"/> YES
Red Cross	<input type="checkbox"/> YES
NCSPCA or Pet Safe	<input type="checkbox"/> YES
Amateur Radio	<input type="checkbox"/> RACES <input type="checkbox"/> ARES
Skywarn	<input type="checkbox"/> YES
Other:	

Name

Please list any job or other responsibilities that will take precedence during an emergency

Police Department	<input type="checkbox"/>
Hospital	<input type="checkbox"/>
Fire Department	<input type="checkbox"/>
Other:	

Skills and Certifications

Disaster Response Skills:	M/YY	Agency
CERT	<input type="checkbox"/>	/
Damage Assessment	<input type="checkbox"/>	/
Shelter Operations	<input type="checkbox"/>	/
Mass Care	<input type="checkbox"/>	/
Fire Suppression	<input type="checkbox"/>	/
Law Enforcement	<input type="checkbox"/>	/
Public Health	<input type="checkbox"/>	/
Amateur Radio	<input type="checkbox"/>	/
Military	<input type="checkbox"/>	/

General Skills	Detail/License Type
General Clerical	<input type="checkbox"/>
Computer	<input type="checkbox"/>
Accounting	<input type="checkbox"/>
Logistics	<input type="checkbox"/>
Sign Language	<input type="checkbox"/>
Counselor	<input type="checkbox"/>
Pet Care	<input type="checkbox"/>
Legal	<input type="checkbox"/>
Public Information	<input type="checkbox"/>
Outreach	<input type="checkbox"/>

Name

Medical Skills		Additional Details
Medical Doctor	<input type="checkbox"/>	
Nurse	<input type="checkbox"/>	
EMT/AMT	<input type="checkbox"/>	
Veterinarian	<input type="checkbox"/>	
Other Healthcare	<input type="checkbox"/>	

Nassau County CERT Acknowledgement

I hereby certify that I have received a copy of the the Nassau County Community Emergency Response Team (CERT) program Bylaws. Furthermore, I agree to abide by all rules and regulations that are set forth in the Nassau County CERT Bylaws and and any other rules and regulations that may be established.

Further, I acknowledge that when responding to an emergency or general activation as a CERT member, that I will obey all federal, state and local laws. Additonally, I agree to follow the the instructions of Nassau County Office of Emergency Management staff, emergency response agencies and supervisors appointed over me.

I hereby agree that any equipment I receive from the Nassau County Office of Emergency Management remains the property of Nassau County and must be returned in the event I no longer participate in the Nassau County CERT program.

I understand that the Nassau County Office of Emergency Management conducts background checks on all prospective members and reserves the right to deny membership based on the results.

Member Name

Member Signature _____

Date

Office Use Only: