



**SOUTHEAST CERT**  
 (Community Emergency Response Team)  
**DISASTER VOLUNTEER REGISTRATION**  
 SOUTHEAST CERT • PO BOX 44146 • BEDFORD, OH 44146  
 216-662-6035 • FAX: 216-587-9055

**Please print clearly**

Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Eve Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Alt Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State, Ohio Zip \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Age (please circle) 18-24 25-54 55-59 60-65 65 & Over Veteran? \_\_\_ YES \_\_\_ NO

If you have any health limitations, please explain \_\_\_\_\_

Special Skills \_\_\_\_\_

Day/Hours available: Please mark appropriate day/time)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
A.M.							
P.M.							
EVENING							

What would you like to do? \_\_\_\_\_

May we share your contact information with the other CERT members? (Please initial) \_\_\_\_\_ YES \_\_\_\_\_ NO

I understand the information I have provided will be used by the Southeast CERT for organizational, contact and deployment purposes. If there are portions of your information you DO NOT want disclosed, please indicate here (i.e. unlisted phone number, etc.) \_\_\_\_\_

Are you willing to undertake a background check? (Please initial) \_\_\_\_\_ YES \_\_\_\_\_ NO

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

SKILLS: Please check all that apply

<b>MEDICAL</b> <input type="checkbox"/> Doctor (Specialty) _____ <input type="checkbox"/> Nurse (Specialty) _____ <input type="checkbox"/> EMT <input type="checkbox"/> Veterinarian <input type="checkbox"/> Veterinary Tech <input type="checkbox"/> Dentist <input type="checkbox"/> Pharmacist  <b>COMMUNICATIONS</b> <input type="checkbox"/> Ham Radio Operator <input type="checkbox"/> Hotline Operator <input type="checkbox"/> Public Relations <input type="checkbox"/> Web Designer <input type="checkbox"/> Public Speaker  <b>SECOND LANGUAGE</b> _____ _____
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<b>OFFICE SUPPORT</b> <input type="checkbox"/> Clerical – Filing, Copying <input type="checkbox"/> Data Entry <input type="checkbox"/> Phone Receptionist  <b>SERVICES</b> <input type="checkbox"/> Food <input type="checkbox"/> Elderly/disabled assist <input type="checkbox"/> Child Care <input type="checkbox"/> Spiritual Counseling <input type="checkbox"/> Social Work <input type="checkbox"/> Search and Rescue <input type="checkbox"/> Traffic control <input type="checkbox"/> Crime watch <input type="checkbox"/> Animal rescue <input type="checkbox"/> Animal Care  <b>STRUCTURAL</b> <input type="checkbox"/> Damage Assessment <input type="checkbox"/> Metal construction <input type="checkbox"/> Wood construction <input type="checkbox"/> Block Construction <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Roofing
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<b>TRANSPORTATION</b> <input type="checkbox"/> Commercial Drivers License <input type="checkbox"/> Bus Driver <input type="checkbox"/> Limo Driver  <b>LABOR</b> <input type="checkbox"/> Loading/Shipping <input type="checkbox"/> Sorting/packing <input type="checkbox"/> Clean-up <input type="checkbox"/> Supervisory Experience  <b>EQUIPMENT</b> <input type="checkbox"/> Backhoe <input type="checkbox"/> Chainsaw <input type="checkbox"/> Generator <input type="checkbox"/> Forklift <input type="checkbox"/> Other (specify) _____
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<b>Office Use Only</b> Name of Interviewer _____ Type of Job _____ Date _____
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