

GREENE COUNTY CERT VOLUNTEER APPLICATION

Please fill out completely. If the section does not apply, please write "N.A."

Name _____
Address _____ Apt. _____
City _____ State _____ Zip _____
Home Phone (____) _____ Cell(____) _____ Work(____) _____
Home E-Mail Address _____

Please Print Clearly
Social Security _____ DL # _____ State _____ Date of birth ____/____/____
Military service branch _____ Rank _____
Education level: ___ Some high school ___ HS diploma ___ College degree/major _____
Occupation _____ Employer: _____
Employer Address _____ Phone: (____) _____
Work E-mail _____

Please Print Clearly
Emergency contact _____ Relationship _____ Phone (____) _____

References: Please give three references that are not related to you.

Name _____ Phone (____) _____
Name _____ Phone (____) _____
Name _____ Phone (____) _____

Have you ever been convicted of a felony? ___ yes ___ no
Have you used or sold illegal drugs or narcotics in the last three years? ___ yes ___ no

I verify that the above information is accurate to the best of my knowledge. I give the Springfield-Greene County Office of Emergency Management (OEM) permission to inquire into my educational background, references, licenses, police records, and employment and/or volunteer history. I also give permission to the holder of any such information to release it to OEM.

I hold OEM harmless of any liability, criminal or civil, that may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to the above-named agency. I understand that this agency will use this information only as part of its verification of my volunteer application.

I understand this work may entail a risk of physical injury and may involve hard physical labor, heavy lifting and other strenuous activity. I certify that I am able to perform this type of work, and engage in this project at my own risk.

I also understand I may be privy to confidential information and promise to respect and maintain all that confidentiality. By my signature for myself, my estate and my heirs I release, discharge and indemnify the County of Greene, the State of Missouri, the United States of America, and other organizations and entities engaged in the disaster relief of Greene County, MO.

Signed _____ Date ____/____/____

SKILLS & INTERESTS

Skills:

Law Enforcement First Aid (current card Y/N) CPR (current card Y/N)
 Fire Fighting Survival training and techniques EMS
 Mechanical Ability Structural engineering Licensed Daycare
 Emergency planning Shelter management Chainsaw Operator
 Amateur Radio operator (call sign) _____
 Bi/Multi-lingual (what language) _____ Beginner Intermediate Proficient
 Other _____

Type of volunteer work you are interested in doing (mark all that apply)

Phone bank Search & Rescue Medical
 Documentation Communications Team Leader
 Training Security Safety
 Shelter Management Well-being Checks Damage Assessment
 Community Involvement (i.e.: events, benefit walks, stream team, garage sale, litter collection)
 CERT Animal Response Team
 Other _____

Availability:

Days:

Monday – Friday Saturdays Weekends

Hours:

12:00 a.m. - 6:00 a.m. 6:00 a.m. - 12:00 p.m. 12:00 p.m. - 6:00 p.m.
 Any days or times Other _____

Do you have a vehicle that you can use for volunteer work? Yes No

If yes: Car Truck Van

How did you hear about our agency or volunteer opportunity? _____

Volunteer experience, beginning with the most recent (include position, organization, and dates)

Please list any special needs required to perform assigned duties.

GREENE COUNTY CERT VOLUNTEER AGREEMENT

OEM agrees to accept the services of _____ beginning _____, 20__ and grants this volunteer the following rights:

- To receive sufficient information, orientation and training for continuing competence in your position;
- To be given meaningful work which utilizes and develops your interests, skills and capabilities;
- To give adequate supervision and a suitable place to work;
- To be free to discuss problems, suggestions, or changes with staff regarding ways in which we might better accomplish our respective tasks;
- To be kept informed about program activities and calendar changes;
- And to receive respect, appreciation and recognition for a job well done.

The Volunteer, _____, agrees to accept service in the Greene County CERT program and agrees:

- To abide by my commitment of service and minimum or scheduled number of hours if participating as an office volunteer;
- To log in and out of each shift in the log book;
- To be punctual and reliable; to contact my supervisor if unable to work as scheduled; to stay for the entire length of my assigned shift;
- To perform volunteer duties courteously and in good spirit and to the best of my ability;
- To maintain professional standards in dress, speech and safe practices, and strive to maintain a smooth working relationship within the Greene County system*;
- To wear personal protective equipment (PPE) as appropriate when conducting field response operations;
- To seek guidance and request clarification when in doubt;
- To adhere to Greene County employment policies and procedures and to cooperate with my team leader;
- To check for critical and timely information and updates from OEM;
- To maintain confidentiality of information learned while volunteering with the Greene County CERT program;
- To inform my supervisor of any event or situation that is out of the ordinary;
- To return Greene County identification and issued items when leaving the program.

I hereby acknowledge that I have read and fully understand the terms and conditions of the Volunteer Agreement and the Greene County CERT SOG's and that I agree to comply with same. I further acknowledge that I have had the opportunity to get any and all of my questions regarding this agreement answered to my satisfaction.

I do hereby solemnly swear (or affirm) that I support and defend the Constitution of the United States and the Constitution of the State of Missouri against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and of Missouri: that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will and faithfully discharge the duties upon which I am about to enter.

Volunteer's Signature _____ Date _____

Authorized By: _____
Director: Office of Emergency Management Branch Director: Greene County CERT

*See *Springfield-Greene County Office of Emergency Management: Code of Ethics and Conduct, Intern/Reservist/Volunteer Program*

COMMUNITY EMERGENCY RESPONSE TEAM
PACK ASSIGNMENT/ ACKNOWLEDGEMENT

I, _____, have attended the Community Emergency Response Team Training in order to become a CERT Team Member. I understand that this is a voluntary program and in no way am I bound to participate in it.

However, I understand that by taking this training and becoming a member, there is an inherent responsibility and commitment to the program.

I acknowledge that I have received a CERT Response Bag to aid me as a CERT Team Member.

Should I decide at a later date that I no longer wish to remain active & participate in the program or upon termination, I will return the bag and its contents to:

Greene County Office of Emergency Management
ATTN: CERT Branch Director
330 Scott Street
Springfield, MO 65802

Signature of CERT member

Date

Signature of CERT Instructor/Branch Director

Date

BAG/PACK Number: _____



330 West Scott Street • Springfield, MO 65802
Phone: 417-869-6040 • Fax: 417-869-6654
www.greenecountyuem.org

CERT Background Check Information

Date:

The Springfield – Greene County Office of Emergency Management (OEM) and the Greene County CERT Program have revised their requirements for volunteers. In order to volunteer for the OEM or to be considered an active CERT member, individuals are now required to complete a background check.

In an effort to make this process as efficient as possible, we are asking that you complete the steps listed below:

1. Go to <http://health.mo.gov/safety/fcsr>
2. Follow the log-in procedures and completed the required fields.

You must have your Social Security Number and a credit card to pay for this service. The cost for the background check is \$12.00. If you are already registered with the Family Care registry, there is no additional fee for this process.

After you completed the online form, you will be given an identification number. You are now registered with the Family Care Center. You will receive a copy of your background check in the mail within the next couple of days.

Once you receive your background check, bring this, your ICS Certificates, and your CERT Application to the OEM so you can obtain a CERT Identification Badge and backpack.

Please contact the OEM to make an appointment.

If you have any questions or concerns regarding this process, please do not hesitate to contact me.

Thank you.

Sincerely,

Erin Pope
Greene County CERT Branch Director
330 W Scott Street
Springfield, MO 65802
417-869-6040

