



# GREENE COUNTY CERT VOLUNTEER APPLICATION

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



## APPLICANT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ ( ) \_\_\_\_\_ Cell \_\_\_\_\_ ( ) \_\_\_\_\_

Home E-Mail Address \_\_\_\_\_

Military Service Branch \_\_\_\_\_ Rank \_\_\_\_\_

Education Level  Some High School  HS Diploma  College Degree/Major \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Phone \_\_\_\_\_ ( ) \_\_\_\_\_ Work E-Mail \_\_\_\_\_

## SKILLS & INTERESTS

Law Enforcement  First Aid (current card  Y  N)  CPR (current card  Y  N)

Fire Fighting  EMS  Survival Training

Mechanical Ability  Structural Engineering  Licensed Daycare

Emergency Planning  Shelter Management  Chainsaw Operator

Animal Response

Amateur Radio Operator (call sign) \_\_\_\_\_

Bi/Multi-lingual (what language) \_\_\_\_\_

Other Skills or Interests \_\_\_\_\_



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## ACKNOWLEDGEMENTS

- Do you have a vehicle that you can use for volunteer work?  Yes  No
- If yes:  Car  Truck  Van
- 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

## AUTHORIZATION

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, 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 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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## ADDITIONAL INFORMATION

**\*If you are a current Greene County CERT member completing this application  
For re-certification purposes you may skip this page.**

How did you hear about our agency and/or this volunteer opportunity?

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

Please list any special needs requirements.



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## GREENE COUNTY CERT VOLUNTEER AGREEMENT

OEM agrees to accept the services of \_\_\_\_\_ beginning \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 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 task;
- To be kept informed about program activities and calendar changes;
- 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
- To sign in and out of each shift on a sign in sheet provided at each training/event
- To be punctual and reliable, to contact my supervisor if unable to work as scheduled, and to stay for the entire length of my assigned shift
- To perform volunteer duties courteously, 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 Greene County CERT Volunteer Agreement, SOGs, and Code of Conduct, and that I agree to comply with same. I further acknowledge that I have had the opportunity to have any and all of my questions regarding this agreement answered to my satisfaction.



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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 well and faithfully discharge the duties upon which I am about to enter.

Volunteer's Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Authorized by:

\_\_\_\_\_  
CERT Program Manager: Office of Emergency Management

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Director: Office of Emergency Management

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_