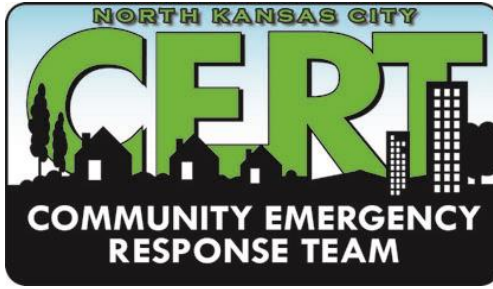


City of North Kansas City Community Emergency Response Teams (NKC CERT)



CERT Volunteer Application for Training or Transfer

DATE:	COMPLETE AFFILIATION, TIER AND CERT ID# ONLY IF APPLYING FOR A TRANSFER TO NKC CERT			
	CURRENT TEAM AFFILIATION:	TIER:	CERT ID #:	
LAST NAME:		FIRST NAME:		M.I.
ADDRESS:		CITY, STATE ZIP:		
HOME PHONE:	WORK PHONE:	CELL PHONE:	PAGER:	
EMAIL ADDRESS:		GENDER: M F	DATE OF BIRTH:	DOB:
ARE YOU BILINGUAL? YES NO If yes, what language(s):				
DO YOU HAVE A DISABILITY: YES NO				
IF YES, LIST SPECIAL ACCOMODATIONS NEEDED:				
DO YOU HAVE SPECIAL SKILLS? IF SO PLEASE LIST:				
BACKGROUND INFORMATION				
DATE OF BIRTH	DRIVER'S LIC /I.D. #:	CLASS:	STATE ISSUED:	EXPIRATION DATE:
HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN MINOR TRAFFIC VIOLATIONS: YES NO				
IF YES, EXPLAIN:				
EMPLOYER:		EMPLOYERS PHONE:		
EMPLOYERS ADDRESS				
DATES OF EMPLOYMENT:				
PERSONAL REFERENCE NAME:		RELATIONSHIP		
REF ADDRESS:	CITY, STATE ZIP:		PHONE:	
EMERGENCY INFORMATION				
IN CASE OF EMERGENCY, PERSON TO CONTACT SHOULD BE:				
NAME:		RELATIONSHIP:		
ADDRESS:	CITY, STATE ZIP:		PHONE:	

RELEASE OF INFORMATION

MAY WE RELEASE YOUR PERSONAL INFORMATION TO OTHER FIRST RESPONDERS? YES NO

SIGNATURE:

PRINT NAME:

DATE:

IF UNDER 18 YEARS OF AGE, MUST HAVE PARENT OR GUARDIAN CONSENT:

PARENT/GUARDIAN SIGNATURE OF CONSENT

PRINT NAME

DATE

ACKNOWLEDGEMENT

I hereby certify that I have read and fully understand the information presented in the North Kansas City Police and Fire Emergency Response Team (CERT) program's Standard Operating Procedures document. Additionally, I acknowledge that a background check will be conducted, as part of this application for training or transfer process

Further, I acknowledge that in my decision to respond "at will" to emergency or disaster situations within the City of North Kansas City, it is my duty to obey all federal, state, and local laws while functioning as a CERT member.

Further, as a CERT member, I will always use due care when I am activated. I will follow the directions of the emergency response agencies and supervisors appointed over me. In the event that I am without direction from the emergency response agencies or supervisors, I will perform my duties including making decisions as to the necessity of providing emergency services in a prudent and reasonable manner at all times.

NAME (PRINTED):

SIGNATURE:

DATE:

ADDRESS:

CITY, STATE, ZIP:

PHONE NUMBER(S) TO BE CALLED FOR CALL-OUTS OR NOTIFICATIONS:

**SEND COMPLETED FORM TO:
OFFICER MICHAEL P. MCNAMEE**

MAIL: 2020 HOWELL STREET, NORTH KANSAS CITY, MO 64116**EMAIL: CERT@NKC.ORG****FAX: 816-421-8305 – ATTN: M.P. MCNAMEE**