



**City of Wilton Manors Police Department
Community Emergency Response Team
Applicant/Member Information Form**



Personal Contact Information

Name _____
 Street Address _____
 City ST ZIP Code _____
 Personal Phone _____ Personal Cellular _____
 Business Phone _____ Business Cell or Pager _____
 Home E-Mail _____ Business E-Mail _____

Emergency Contact Information (preferably someone who does NOT live with you)

Name _____ Relationship _____
 Street Address _____
 City ST ZIP Code _____
 Personal Phone _____ Personal Cellular _____
 Business Phone _____ Business Cell or Pager _____

Background Information (This information is required for background-checking purposes.)

Social Security # _____ Drivers License # _____
 Do you have any convictions for criminal offenses (other than minor traffic violations), regardless of how long ago? Yes No
 If Yes, provide details: _____

Post High School Education and Licenses

Vocational/Technical School Specialization _____
 Associate/Bachelors Degrees Major _____ Minor _____
 Major _____ Minor _____
 Post-Graduate Degrees Major _____
 Major _____
 Professional Licenses Specialization _____ Lic # _____
 Specialization _____ Lic # _____

Work and Volunteer Experience

Job Title _____ From _____ To _____

Describe Duties _____

Job Title _____ From _____ To _____

Describe Duties _____

Job Title _____ From _____ To _____

Describe Duties _____

Special Skills and Expertise (Check any of the following in which you have expertise/training.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Bus/Truck Operation
CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Heavy Equipment Operation
(backhoe, forklift, etc.) | <input type="checkbox"/> First Aid
Current Card? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Bi/Multi-lingual in:
_____ | <input type="checkbox"/> Construction (electrical,
plumbing, carpentry, etc.) | <input type="checkbox"/> CPR
Current Card? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Radio Operation
HAM license? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Telephone Call Center/Help
Desk | <input type="checkbox"/> Vehicle and/or small engine
repair |
| <input type="checkbox"/> Commercial Food
Preparation/Service | <input type="checkbox"/> Elder Care/Nursing Home
Administration | <input type="checkbox"/> Communications/Public
Relations/Journalism |
| <input type="checkbox"/> Teaching/Training
<input type="checkbox"/> Adults <input type="checkbox"/> Children | <input type="checkbox"/> Working w/ Children (child
care, recreation, etc.) | <input type="checkbox"/> Working w/ Animals (vet's
office, groomer, stable, etc.) |
| <input type="checkbox"/> Home/ Office Computer Use | <input type="checkbox"/> Clerical (typing, filing,
scheduling, telephone, etc.) | <input type="checkbox"/> Chain Saw Use |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Firefighting | <input type="checkbox"/> Law Enforcement/Corrections |
| <input type="checkbox"/> Emergency Management | <input type="checkbox"/> Triage | <input type="checkbox"/> Crowd Control/Traffic Mgmt. |
| <input type="checkbox"/> Other (list):
_____ | | |

Limitations — list below any limitations on your working as a CERT member. These might be physical (e.g., "cannot lift/carry heavy weights", "cannot climb multiple flights of stairs", "cannot stand for long periods") or personal (e.g., "prefer not to work around large crowds", "prefer not to work special events", "avoid seeing blood and bodily fluids", "do not climb ladders"). Contact CERT management if you prefer not to disclose on this form.

Agreement and Signature – Read Carefully Before Signing!

My signature below certifies that I am the Applicant/Member listed on the first page of this application. I understand and agree that the Wilton Manors Police Department may conduct a background check before I become a CERT member. This may include a motor vehicle operator and criminal record investigation. I release that organization or others from any liability for damages which may result from the exchange of the information. By submitting this application, I affirm that the facts set forth in it are true and complete. I understand a false answer or material omissions may be grounds for being removed as a CERT volunteer.

Signature _____ Date _____