SUGARMILL WOODS
CERT VOLUNTEER QUESTIONNAIRE

PLEASE PRINT CLEARLY

Name:_____
First Middle Last

Mailing Address:_____

_____

Physical Address:_____

_____

Home Phone:_____ **Business**: _____**Cell**: _____

Email:_____

Date of CERT Training:_____ **Date of Birth**:_____

Current/Previous Occupation:_____

Special Talents: _____

_____

Languages other than English:_____

In Case of Emergency: Name of Person to Contact:_____

Emergency Contact Phone:_____

Emergency Contact Person's Address:_____

Even though I cannot attend the organization meetings, I would like to participate in the CERT

Activities: **Yes _____ No _____**

Available for: Weekday_____ or Weekend_____ Training Classes?

A.M._____ or P.M._____ or Both _____

Signature:_____

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