

Cameron Community Emergency Response Team

## VOLUNTEER CONTACT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Best time of day to contact me: \_\_\_\_\_

In the event of an emergency you may contact:

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Name	Relation to you	Phone	Address
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I have access to or possess the following:

\_\_\_\_\_ Valid Missouri Driver's License \_\_\_\_\_ Personal Vehicle

I certify that I am in good health and I am able to discharge the duties of a CERT member \_\_\_\_\_ Yes \_\_\_\_\_ No

It is my intention to train with the Cameron CERT and to assist when contacted by the CERT Leader in the event of an emergency \_\_\_\_\_ Yes \_\_\_\_\_ No

I give permission for the Cameron City Emergency Director to conduct any background checks necessary prior to my service with the Cameron CERT

\_\_\_\_\_ Yes \_\_\_\_\_ No

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Signature \_\_\_\_\_ Date \_\_\_\_\_ (2008)