

Henry County Office of Emergency Management
526 Industrial Blvd.
McDonough, Georgia 30253
Director Don Ash

CERT Volunteer Enrollment Form

Date: _____

Last Name First Name Middle Initial

Address

City State Zip Code

(_____) _____ (_____) _____
Home Phone Work Phone

(_____) _____ (_____) _____
Cell Phone Pager

Email Address: _____

Shirt Size (Circle One): Small Medium Large XLarge XXLarge XXXLarge

Are you bi-lingual? YES _____ NO _____

If Yes, What Language?

Speak Read Write

Do you have a disability? YES _____ NO _____

If yes, List special accommodations needed:

Emergency Information

Incase of emergency, person to contact should be:

Name Relationship

Address City

State Zip Code Phone #

Background Information

Date of Birth ____ / ____ / ____

Drivers License/ID#: _____ Class ____ State ____ Exp. Date ____

Have you ever been convicted of a crime other than minor traffic violations? YES NO

Are you currently awaiting trail, on probation, or parole? YES NO

Name of current or most current employer _____

Address City State Zip

Supervisor's Name Phone #

Dates: From ____ / ____ / ____ To ____ / ____ / ____ Reason for Leaving: _____

Personal Reference: _____
Name Relationship

Address City State Zip

Statistical Information (Optional)

Age Group: ____ 13-18 ____ 19-39 ____ 40-69 ____ 70+

Sex: ____ Female ____ Male

Ethnic Group: ____ African-American ____ Hispanic ____ Native American
____ Caucasian ____ Asian ____ Other

I declare under penalty of perjury that all statements on this enrollment form and attachments are true and complete to the best of my knowledge. I understand that false, misleading, or incomplete information shall be cause for disqualification.

Volunteer Signature

Date

If under 18 years of age, must have Parent or Guardian consent:

Parent/Guardian Signature of Consent

Date

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize **Henry County Emergency Management/ CERT Program**
to receive any Georgia criminal history record information pertaining to me, which may
be in the files of any state or local criminal agency in Georgia.

Full Name (PLEASE PRINT)

Address

Sex

Race

Date of Birth

Social Security #

Signature

Date

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose Code 'N')
- Employment with children (Purpose Code 'W')

One of the following must be checked:

- This authorization is valid for 90/ 180/ _____ (circle one) days from the date of signature.
- I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.