



Office of Mayor Antonio R. Villaraigosa
Mayor's Volunteer Corps

VOLUNTEER ENROLLMENT FORM

Date: _____

Last Name First Name Middle Initial

Address

City State Zip Code

() _____
Home Phone Work Phone

() _____
Cell Phone Pager

Email Address: _____

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:

ASSIGNMENT

Community Emergency Response Team
Volunteer Job Title

Disaster Response / Fire Dept. Assistance
Major Responsibilities

Fire
City Department

Disaster Preparedness Section/CERT Unit
Division

Stacy Gerlich _____ 818-756-9674
Supervisor Title Phone Number

EMERGENCY INFORMATION

In case of emergency, person to contact should be:

Name		Relationship
Address		City
State	Zip Code	Phone

BACKGROUND INFORMATION

Date of Birth _____ / _____ / _____ Last 4 Digits of Social Security # XXX-XX-

Driver's License/I.D.# _____ Class _____ State Issued _____ Expiration Date _____

Have you ever been convicted of a crime other than minor traffic violations? Yes No

Are you currently awaiting trial, on probation or parole? Yes No

Name of current or most current Employer _____

Address _____ City _____ State _____ Zip _____

Supervisor's Name _____ Supervisor's Phone _____

Dates: From _____ To _____ Reason for Leaving _____

Personal Reference _____

Name	Relationship
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Address _____ City _____ State _____ Zip _____ Phone _____

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 _____