

ID: \_\_\_\_\_

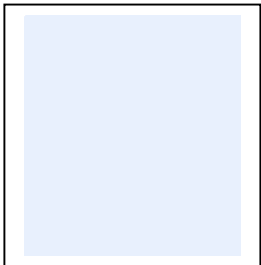
Battalion# \_\_\_\_\_ Fire Station# \_\_\_\_\_

Name: \_\_\_\_\_ CERT Level \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

B.D: \_\_\_\_\_ FCC Call Sign: \_\_\_\_\_ Primary Language: \_\_\_\_\_



**Please indicate if you have experience and skills in any of the following:**

<input type="checkbox"/> Medical Triage	<input type="checkbox"/> Architecture	<input type="checkbox"/> Management/leadership
<input type="checkbox"/> First Aid/CPR	<input type="checkbox"/> Engineering	<input type="checkbox"/> Mental Health/Counseling
<input type="checkbox"/> Fire Suppression	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Food Preparation
<input type="checkbox"/> Search & Rescue	<input type="checkbox"/> Electrical <input type="checkbox"/> Wiring	<input type="checkbox"/> Childcare
<input type="checkbox"/> Radio/communication	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Elder care
<input type="checkbox"/> Operations	<input type="checkbox"/> Info <input type="checkbox"/> Technology	<input type="checkbox"/> Housekeeping
<input type="checkbox"/> Note taking	<input type="checkbox"/> Microsoft Office	<input type="checkbox"/> 2nd language _____
<input type="checkbox"/> Data entry	<input type="checkbox"/> Creative arts	

Other Specialized Training: \_\_\_\_\_

**Please check the appropriate box if you have the following items:**

<input type="checkbox"/> CERT forms	<input type="checkbox"/> Warm jacket	<input type="checkbox"/> First aid kit	<input type="checkbox"/> Pulley
<input type="checkbox"/> Code of Conduct	<input type="checkbox"/> Rain gear	<input type="checkbox"/> Triage tags /tape /bands	<input type="checkbox"/> Duct tape
<input type="checkbox"/> CERT Comms Plan	<input type="checkbox"/> Cap	<input type="checkbox"/> Triage tarps	<input type="checkbox"/> Caution tape
<input type="checkbox"/> Hard hat	<input type="checkbox"/> Flashlight &	<input type="checkbox"/> Stretcher	<input type="checkbox"/> Power drill
<input type="checkbox"/> CERT Reflective Vest	<input type="checkbox"/> Batteries	<input type="checkbox"/> Blanket	<input type="checkbox"/> Power saw
<input type="checkbox"/> Goggles	<input type="checkbox"/> Head lamp	<input type="checkbox"/> Fire extinguisher	<input type="checkbox"/> Tarp
<input type="checkbox"/> N95 Mask	<input type="checkbox"/> Whistle	<input type="checkbox"/> Shovel	<input type="checkbox"/> Bicycle
<input type="checkbox"/> Work gloves	<input type="checkbox"/> Extra glasses	<input type="checkbox"/> Axe	<input type="checkbox"/> Extra <input type="checkbox"/> batteries
<input type="checkbox"/> Exam gloves	<input type="checkbox"/> Hearing aids / batteries	<input type="checkbox"/> Saw	<input type="checkbox"/> Tent
<input type="checkbox"/> Sturdy shoes or boots	<input type="checkbox"/> Assistive device	<input type="checkbox"/> Hammer	<input type="checkbox"/> Pop-up
<input type="checkbox"/> Long pants	<input type="checkbox"/> Personal medication	<input type="checkbox"/> Screw driver	<input type="checkbox"/> Outdoor grill
<input type="checkbox"/> Long sleeve shirt	<input type="checkbox"/> Service Animal	<input type="checkbox"/> Wrench	<input type="checkbox"/> Generator
<input type="checkbox"/> Knee pads	<input type="checkbox"/> Change of clothes	<input type="checkbox"/> Crow bar	<input type="checkbox"/> Heavy duty extension cord
	<input type="checkbox"/> 2-way radio	<input type="checkbox"/> Heavy jack	<input type="checkbox"/> Folding table
	<input type="checkbox"/> Ham radio	<input type="checkbox"/> Cribbing blocks	<input type="checkbox"/> Folding chairs
	<input type="checkbox"/> GPS	<input type="checkbox"/> Ladder	# _____
		<input type="checkbox"/> Strong Rope	

Other: \_\_\_\_\_

ID: \_\_\_\_\_

Battalion# \_\_\_\_\_ Fire Station# \_\_\_\_\_

Name: \_\_\_\_\_ CERT Level \_\_\_\_\_

**What trainings have you completed? (Attach certificates)**

<p><b>FEMA</b></p> <input type="checkbox"/> IS-100b – Intro ICS <input type="checkbox"/> IS-200b – ICS Single Resource <input type="checkbox"/> IS-700a - NIMS <input type="checkbox"/> IS-800b - NRF <input type="checkbox"/> IS-315 – CERT ICS <input type="checkbox"/> IS-317 – Intro CERT	<p><b>SEMS</b></p> <input type="checkbox"/> EOC-101 <input type="checkbox"/> EOC-201 <input type="checkbox"/> EOC-301 <input type="checkbox"/> EOC Activation <input type="checkbox"/> IS-775 – EOC Management & Operations	<p><b>Comms (HAM Radio)</b></p> <input type="checkbox"/> Technician class <input type="checkbox"/> General Class <input type="checkbox"/> Extra Class <input type="checkbox"/> EC-001- Intro <input type="checkbox"/> EmComm <input type="checkbox"/> EC-016 – PS <input type="checkbox"/> EC-015 - PR
<input type="checkbox"/> ICS-300 - Intermediate <input type="checkbox"/> ICS-400 - Advanced <input type="checkbox"/> IS-325 Earthquake Basics <input type="checkbox"/> IS-559 Local Damage Assessment <input type="checkbox"/> IS-55 Household Hazards <input type="checkbox"/> IS-909 Community Preparedness <input type="checkbox"/> IS-42 Social Media <input type="checkbox"/> IS-907 Active Shooter <input type="checkbox"/> IS-368_AFN_Inclusion <input type="checkbox"/> IS-2012_DiversityAwareness	<p><b>Red Cross (or AHA)</b></p> <input type="checkbox"/> First Aid <input type="checkbox"/> CPR / AED <input type="checkbox"/> Wilderness 1 <sup>st</sup> Aid <input type="checkbox"/> EMR <input type="checkbox"/> EMT <input type="checkbox"/> Disaster Services <input type="checkbox"/> Shelter Fundamentals <input type="checkbox"/> Psychological 1 <sup>st</sup> Aid <input type="checkbox"/> Pet 1 <sup>st</sup> Aid <input type="checkbox"/> Food Handling	<p><b>Formidable Footprint</b></p> <input type="checkbox"/> Earthquake <input type="checkbox"/> Wildfires <input type="checkbox"/> Floods <input type="checkbox"/> Tornado <input type="checkbox"/> Hurricane <input type="checkbox"/> Solar storm <input type="checkbox"/> Pandemic <input type="checkbox"/> Operation volunteer Placement

<p><b>Call-out Team Training:</b></p> <input type="checkbox"/> Firefighter rehab <input type="checkbox"/> Hydration <input type="checkbox"/> Rat rig <input type="checkbox"/> Red flag Fire watch <input type="checkbox"/> Downed power line watch <input type="checkbox"/> Sand-bagging <input type="checkbox"/> DVOC <input type="checkbox"/> Sky Warn <input type="checkbox"/> Traffic & Crowd Control	<p><b>CERT Supplemental:</b></p> <input type="checkbox"/> Access & Functional Needs <input type="checkbox"/> Tools for Leadership <input type="checkbox"/> CERT Exercise Swaps <input type="checkbox"/> Pandemic Flu Response <input type="checkbox"/> Flood Response <input type="checkbox"/> CERT Animal Response	<p><b>Other:</b></p> <input type="checkbox"/> Vector Training <input type="checkbox"/> POD Training
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**What leadership experience have you had?**

**Do you have any special needs we should consider when assigning tasks?**

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_