



Office of Mayor Eric Garcetti
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

Christopher Winn
Supervisor

Captain
Title

213-893-9840
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

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