Office of Mayor Eric Garcetti  
Mayor’s Volunteer Corps  

VOLUNTEER ENROLLMENT FORM

Date: ________________

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Address  

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Work Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>(__________ )___________</td>
<td>(__________ )_______________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cell Phone</th>
<th>Pager</th>
</tr>
</thead>
<tbody>
<tr>
<td>(__________ )___________</td>
<td>(__________ )_______________</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Community Emergency Response Team</th>
<th>Disaster Response / Fire Dept. Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer Job Title</td>
<td>Major Responsibilities</td>
</tr>
<tr>
<td>Fire</td>
<td>Disaster Preparedness Section/CERT Unit</td>
</tr>
<tr>
<td>City Department</td>
<td>Division</td>
</tr>
</tbody>
</table>

Christopher Winn  
Captain  
213-893-9840
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 Name ____________________________ 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 ____________________________