



City of North Royalton

Mayor Robert A. Stefanik

Email: mayorstefanik@northroyalton.org

14600 State Road · North Royalton, OH 44133

440-237-4300 · fax: 440-582-6334

North Royalton Community Emergency Response Team (CERT) Membership Application

The North Royalton Community Emergency Response Team is a group of trained volunteers from the community, acting as a supplement to the Safety Forces in the event of an emergency or disaster. The Community Emergency Response Team (CERT) program educates people about disaster response skills, such as fire safety, light search and rescue, team organization, and disaster medical operations. Using the training learned in the classroom and during exercises, CERT members can assist others in their neighborhood or workplace following an event when professional responders are not immediately available to help.

Thank you for your interest in becoming a volunteer for the North Royalton Community Emergency Response Team (CERT). Completing the attached application will assist us in evaluating what skills you can provide to the CERT organization. All CERT applicants must have a thorough background check completed prior to joining the organization. Once your application is processed we will contact you for next steps. Please return your completed application to the following address:

CERT
North Royalton City Hall
14600 State Road
North Royalton, Ohio 44133

If you have questions regarding the North Royalton CERT contact Mr. Nicholas Phillips at:
440-243-2800.

Sincerely,

Robert A. Stefanik
Mayor, City of North Royalton

Nicholas Phillips
Commander, North Royalton CERT
Phone (440) 243-2800

COMMUNITY EMERGENCY RESPONSE TEAM (CERT)

North Royalton, Ohio
 Phone: (440) 237-4300
 14600 State Road

North Royalton, Ohio 44133

Community Volunteer Application

All information will be treated confidentially. Please answer all questions as completely as possible.

Personal Information								
Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms.	<input type="checkbox"/> Other:			
Last Name:		First Name:		Middle Initial:				
Address:				City:				
State:		Zip:		Email:				
Home Phone:		Business Phone:		Cell Phone:				
Emergency Contact:								
Name:				Relationship:				
Day Phone:				Evening Phone:				
Group Affiliation: (If there is no affiliation check here <input type="checkbox"/>)								
Group Name:								
Group Address:								
City:		State:		Zip:				
Group Contact Name:		Phone:		Alternate Phone:				
Availability:								
Days:	<input type="checkbox"/> Mon-Fri	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
Times:	<input type="checkbox"/> Mornings 6am-12pm		<input type="checkbox"/> Afternoons 12pm-6pm		<input type="checkbox"/> Evenings 6pm-12am		<input type="checkbox"/> Nights 12am-6am	
Would you be available to assist in preparedness activities/projects?			<input type="checkbox"/> Yes			<input type="checkbox"/> No		
How much time do you feel you want to commit to volunteering?								
<input type="checkbox"/> times per week				<input type="checkbox"/> times per month				
<input type="checkbox"/> times per year				<input type="checkbox"/> Other (specify):				
Licenses: (Drivers and Professional)								
Type:	State:		Number:		Expiration:			
Type:	State:		Number:		Expiration:			

Signature: _____

Date: _____

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**COMMUNITY EMERGENCY RESPONSE TEAM (CERT)
North Royalton, Ohio**

Please rate your skills in all of the areas that apply to you.			
Skill	Minimal	Good/Satisfactory	Above Average/Expert
Accounting			
Communications systems operations, e.g., radio			
Corporation/Agency Administration			
Detail Orientation			
Info systems & Data Management			
Interpersonal Communication			
Inventory Control Process & Management			
Supervision/Management			
Leadership of teams			
Organization skills			
Volunteer Management			
Other: (Specify)			

Please tell us about your licensure and/or experience in the following areas, if any:					
Licensure/Experience	State	Expiration	License #	<3 years	>3 years
Dispensing pharmaceuticals					
Drivers license					
Government, EMA, Agency, Official					
Health/Medical Professional					
Law Enforcement/Security					
Maintenance/Custodial					
Medical Physician					
Medical Triage					
Working with special needs population					
Training and/or public speaking					
Vaccination logistics					
Other (specify):					

Personal Information		
Last Name:	First Name:	Middle Initial:
How much time do you feel you want to commit to volunteering?		
<input type="checkbox"/> _____ times per week	<input type="checkbox"/> _____ times per month	
<input type="checkbox"/> _____ times per year	<input type="checkbox"/> Other (specify):	
Would you be available to assist in preparedness activities/projects?		<input type="checkbox"/> Yes <input type="checkbox"/> No

- 1) Have you ever volunteered with our municipality in the past? If yes, in what capacity?

- 2) What attracted you to our volunteer program? Is there any aspect of our work that most motivates you to seek to volunteer here?

- 3) What would you like to get out of volunteering here? What would make you feel like you've been successful?

- 4) What have you enjoyed most about your previous volunteer work? About previous paid employment?

- 5) Describe your ideal supervisor. What sort of supervisory style do you prefer to work under?

- 6) What are your areas of expertise and would you like to volunteer those skills?

- 7) Please rate your areas of expertise and would you like to volunteer those skills?