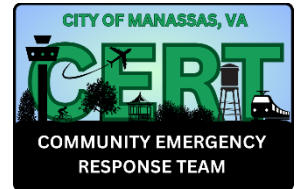




City of Manassas Fire and Rescue Department
Community Emergency Response Team
Membership Application
 9608 Grant Avenue
 Manassas, Virginia 20110
 703-257-8062



Applicant Information

Name:	
Address:	
City:	Zip:
Telephone:	Date of Birth:
E-mail:	

Employment Information

Current Employer:	
Employer Address:	
City:	Zip:
Telephone:	Position:

Emergency Contact

Name:	
Address:	
City:	Zip:
Telephone:	Relationship:

Criminal Background

Have you ever been convicted of a crime: ___ Yes ___ No **If YES, Please explain:**

You may omit any offense for which the record has been sealed or expunged by the Court.
 Note: A Comprehensive Criminal History (CCH) report will be obtained from the Virginia State Police.

Special Skills & Interests

Special skills: ___ EMT ___ Paramedic ___ RN or LPN ___ MD or DO ___ Firefighter ___ Law Enforcement Officer ___ Other medical training ___ Firefighter	___ Grant writing ___ Procurement ___ Webpage design ___ Database design ___ Marketing ___ Advertising ___ Volunteer recruitment ___ GIS mapping	___ Search and Rescue ___ Public speaking ___ Instructor ___ Training development ___ Animal care ___ Emergency shelter ___ Traffic control ___ Public event planning	Other: _____ _____ _____ _____
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**Community Emergency Response Team
Membership Application**

I, _____, hereby certify that all statements made in this application are true. I understand that any misstatement, misrepresentation, material omission, or falsification of facts shall cause forfeiture of all rights to volunteer service with the City of Manassas CERT program. I understand that all information on this application is subject to verification.

I agree to abide by and comply with all rules, regulations, policies and practices of the City of Manassas CERT program. I understand that my volunteer service with the City of Manassas CERT is at will, that I have the right to terminate my volunteer service at any time with or without cause, and that the City of Manassas CERT program has the same right. I understand that as a volunteer, I have no job status and no right to employment.

I realize that certain areas of government business may involve information or documentation which is confidential or which is exempt from public disclosure. I agree, that should I ever receive or otherwise become privy to said information or documentation, that I shall maintain the same in a confidential manner and that I shall not disclose the whole or any segment thereof to any other person or entity.

I certify that I am of sound mind, and that I have reached at least my eighteenth (18) birthday preceding the execution of this Letter of Understanding.

I certify that I am physically fit to perform the work assigned. If unable to perform a particular assignment due to any limitations, I will immediately notify the Fire and Rescue Department to discuss any accommodations that may be necessary.

Signature

Date

Received by CMCERT:

Signature

Date

