

# TRAILER ESTATES CERT VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

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

Your CERT community: \_\_\_\_\_

Occupation: \_\_\_\_\_ If a licensed profession, please list: State \_\_\_\_\_  
License # \_\_\_\_\_

Licensed HAM radio operator: Call Sign \_\_\_\_\_ Class \_\_\_\_\_

Licensed GMRS radio operator: Call Sign \_\_\_\_\_

Do you speak any other language? Yes  No  If yes, specify: \_\_\_\_\_

Please check the activity you are most interested in:

Shelter Work  Disaster Services  Damage Assessment  Disaster Record Keeping

Nursing  (RN) (LPN) (EMT) Logistics  Search and Rescue  Other \_\_\_\_\_

Would you be willing to serve in time of disaster: Yes  No

Individual to be notified in case of an Emergency: Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

I hereby certify that, to the best of my knowledge, I am physically and mentally capable of volunteering under adverse conditions including, but not limited to, extreme temperatures, long hours and the need for lifting items over ten (10) pounds. Any exception are noted here,

This will not disqualify you from the CERT program. If no exceptions, just initial No Exceptions here: \_\_\_\_\_

I understand that the information is voluntarily supplied and may be used and disclosed for Emergency Management purposes; and that, as a CERT Volunteer, I will not be paid for my services.

Please Print your Name Here: \_\_\_\_\_

Sign Here \_\_\_\_\_ Date \_\_\_\_\_

Email completed application to [originaltr@cs.com](mailto:originaltr@cs.com) or U.S. Mail to:

T.E. CERT  
2501 Rose Ave  
Bradenton, FL 33207

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