

Vista CERT Membership Application

~Check boxes where applicable~

LAST NAME		FIRST NAME	
HOME ADDRESS	HOME CITY	HOME ZIP	HOME EMAIL ADDRESS
WORK ADDRESS	WORK CITY	WORK ZIP	WORK EMAIL ADDRESS
HOME PHONE	CELL PHONE	WORK PHONE	HAM CALL SIGN
YOUR STATUS:	Inactive <input type="checkbox"/>	Attend mtgs <input type="checkbox"/>	Active <input type="checkbox"/>
DO YOU HAVE A DISASTER SERVICE WORKERS CARD?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DSW County Issued <input type="text"/>
SPECIAL SKILLS:	First Aid: <input type="checkbox"/>	CPR: <input type="checkbox"/>	Card Expiration Date: <input type="text"/>
SPECIAL SKILLS:			
First Aid: <input type="checkbox"/>			
CPR: <input type="checkbox"/>			
Drivers License Class: A, B, or C (Standard) <input type="text"/>			
Please specifically list all Advanced CERT and FEMA Classes below:			
OTHER HELPFUL TECHNICAL SKILLS, CERTIFICATES, LICENSES YOU MAY HAVE:			
BACKGROUND SKILLS: Please specify your role (Medical/Law Enforcement/Fire Services/Armed Forces/Other:			
LEADERSHIP/MANAGEMENT EXPERIENCE:			
LIFE SKILLS: (or what you are good at.)			
WHAT ELSE SHOULD WE KNOW ABOUT YOU THAT WOULD BE HELPFUL TO VISTA CERT?			
LEADS FOR OBTAINING DONATIONS:			