



NYC OEM CERT Prospective Member Screening Form

INSTRUCTIONS

Prospective Member: Please fill out all requested information and submit completed form to cert@oem.nyc.gov or fax to 718-246-6022.

Team Chief: Please use this form as a guide for interviewing prospective members. Indicate your approval by signing the form on the last page. Submit the signed form to cert@oem.nyc.gov or fax to 718-246-6022.

Note: By approving the application, you are recommending that the prospective member be enrolled in the next training cycle and are accepting her/him to become a probationary member of your team.

NYC CERT and its teams follow the New York City Anti-Discrimination Policy:

The City of New York prohibits discriminatory actions against and treatment of City volunteers based on actual or perceived race, color, national origin, alienage, or citizenship status, religion or creed, gender (including "gender identity" which refers to a person's actual or perceived sex, and includes self-image, appearance, behavior or expression, whether or not different from that traditionally associated with the legal sex assigned to the person at birth), disability, age (18 and over), military status, prior record of arrest or conviction, marital status, partnership status, predisposing genetic characteristic, sexual orientation, or status as a victim or witness of domestic violence, sexual offenses, and stalking.

CONTACT INFORMATION

First Name: Last Name:

Address: Apt: Zip Code:

Borough: Community District:

Phone Number: Home:
Cell:
Work:

Over 18 years old? Yes No

Primary Email Address:

Student status: Full-time Part-time No

If accepted, in what borough would you prefer to attend evening CERT training?

LANGUAGES

Aside from English, please indicate additional language skills, fluency and if you can provide advanced assistance.

Language:	<input type="text"/>	<input type="checkbox"/> Translation	<input type="checkbox"/> Interpretation		
<input type="checkbox"/> Speak	Fluency level:	<input type="checkbox"/> Low	<input type="checkbox"/> Med	<input type="checkbox"/> High	
Mark all that apply:	<input type="checkbox"/> Read	Fluency level:	<input type="checkbox"/> Low	<input type="checkbox"/> Med	<input type="checkbox"/> High
	<input type="checkbox"/> Write	Fluency level:	<input type="checkbox"/> Low	<input type="checkbox"/> Med	<input type="checkbox"/> High

Language:	<input type="text"/>	<input type="checkbox"/> Translation	<input type="checkbox"/> Interpretation		
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Mark all that apply:	<input type="checkbox"/> Read	Fluency level:	<input type="checkbox"/> Low	<input type="checkbox"/> Med	<input type="checkbox"/> High
	<input type="checkbox"/> Write	Fluency level:	<input type="checkbox"/> Low	<input type="checkbox"/> Med	<input type="checkbox"/> High

Should you require accommodation for a disability, please make your request in the section provided below or contact NYC CERT by calling (718) 422-8585. OEM will act as the facilitator for your request.

PAST TRAINING & VOLUNTEER EXPERIENCE

List your volunteer experiences in the past ten years, starting with the most recent.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Organization	City/State	Position	Dates

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Organization	City/State	Position	Dates

List any professional license and/or certification you have or are in the process of obtaining. Include expiration date. Examples include: First Aid, CPR, and AED.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional License/Certification	Sponsoring Organization	Expiration Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional License/Certification	Sponsoring Organization	Expiration Date

Have you ever been involved in emergency relief and/or disaster response?
(shelter staffing, flood, extreme weather, fire, humanitarian relief and work abroad)

What experience do you have working in a team/group structure?

What aspects of the CERT program interest you most?

Are you comfortable working with a diverse group of people?

NYC CERT VOLUNTEER EXPECTATIONS

What is your greatest asset to the NYC CERT team?

Name skills you would like to learn, or improve, as a NYC CERT member.

How many hours a month do you think you would be available to volunteer?

APPROVAL (TEAM CHIEF SECTION)

This application is: Approved Denied

Team Chief Signature: Date:

If application is denied, provide detailed reason below. Note: CERT staff may review the validity of the denial.