

APPLICATION FOR NAPERVILLE CERT VOLUNTEER PROGRAM

PLEASE COMPLETE THE REQUESTED INFORMATION TO PARTICIPATE IN NAPERVILLE'S VOLUNTEER PROGRAM

| | | | |
|---|---|---|------|
| (Mr. Ms. Dr. etc) First / Last Name: | | Nickname: | |
| Address: | City: | St: | Zip: |
| Your Subdivision: | North or South of 75th St. <i>(Circle one)</i> NORTH / SOUTH | Grad. Date of Basic CERT Class (IS-317): | |
| Primary Phone: <i>(cell)</i> | Primary E-mail: | | |
| Secondary Phone: <i>(home)</i> | Secondary E-mail: | | |
| Third Phone: <i>(work)</i> | Text address: <i>including Carrier Name or SMS (6305551234@vtext.com)</i> | | |
| Emerg. Contact Person | Emerg. Contact Phone: | Emerg. Contact Relationship: | |

BUSINESS AND SKILLS INFORMATION

Primary Employer: *(if you are not a Naperville resident, include employers address) (if retired, write retired)*

Current and Past Occupations:

Special Skills you have which might be useful to Team:

Languages you speak other than English:

Other Training which you've had:

Interest Preferences or Comments:

PLEASE RETURN FORM TO

City of Naperville DPU
1392 Aurora Avenue , Suite 200
Naperville, IL 60540
Attn: John Flannery, CERT Liaison

Direct any questions to CERT at Contact@napercert.org

Signature

Date: