



NYC OEM CERT Interested Member Screening Form

The following questions should be used to determine new membership for your team. The below questions will help inform you as a team chief about how the potential member will work within the CERT program and your team. **This form needs to be filled out for every applicant that you receive. Please forward all completed forms to: CERT@oem.nyc.gov or fax to 718-422-8451.** By submitting this form to the CERT program you are making a recommendation about the applicant either to approve them for the program or not.

By approving the application you recommend that they participate in the next training cycle and accept the recruit 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:

NAME: _____ Over 18? Y N
 First Name Last Name

BOROUGH: _____ COMMUNITY DISTRICT: _____

ADDRESS: _____ APT: _____ ZIP CODE: _____

PHONE NUMBER: (please circle one): Work Cell Home _____

PRIMARY E-MAIL ACCOUNT: _____

ARE YOU CURRENTLY ENROLLED IN SCHOOL? YES: Part-time Full-time NO

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LANGUAGES

What language(s) you speak/read/translate and your fluency level for each:

Language:

Please circle:	Speak	Fluency level: Low	Med	High
	Read	Fluency level: Low	Med	High
	Translate	Fluency level: Low	Med	High

Language:

Please circle:	Speak	Fluency level: Low	Med	High
	Read	Fluency level: Low	Med	High
	Translate	Fluency level: Low	Med	High

PAST TRAINING AND VOLUNTEER EXPERIENCE

What volunteer experience have you had in the past ten years? Please list starting with your most recent volunteer experience and work backwards:

Name of Organization	City/State	Position	Dates volunteered
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Name of Organization	City/State	Position	Dates volunteered
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Name of Organization	City/State	Position	Dates volunteered
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Do you have any professional skills and/or certifications you may have or are in the process of obtaining? Please list along with the expiration date (Examples include: First Aid, CPR, or AED):

Type of Professional License/Certification	Sponsoring Agency	Expiration Date
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What experience do you have working in a team/group structure?

Would aspects of the CERT program are you most interested in?

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 what skill(s) you would like to learn, or improve, as a member of NYC CERT?

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

APPROVAL AND CERTIFICATION:

Please initial one of the following:

Approve Application: _____

Deny Application: _____

Team Chief Signature: _____ Date: _____

REQUIRED - if application is denied, provide detailed reason below (Note: each denial will be reviewed by CERT staff for validity):

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