NERT

NERT Volunteer Information

Name, Address and Personal Information. Print clearly.

1. First Name		2. Last Name		3. Middle Initial
3. Street		4. Unit #	5. City	
6. State	7. ZIP Code	8. Home Phone	9. Cell Phone	
10. Are you being treated for any medical condition? Yes I am No I am not		11. Explain		

Emergency Contact Information. Print clearly.

12. First Name	13.Last Name		14. Middle Initial
15. Relationship	16. Home Phone	17. Cell Phone	
18. Street			19. Unit #
20. City		21. State	22. ZIP Code

I hereby state under penalty of perjury that the information I have given here is correct. I also understand that this information will only be used for identification purposes by the San Francisco Fire Department.

Signature_____ Date _____

NERT SAP 212 P	23. Prepared By (if not signer):	24. Date/Time Prepared	25. Accepted By - Name/ICS role:

NERT Volunteer Information (2)

1. How long are you available to work?	Days/hours/a specific time				
2. NERT Trained?	YES	NO	☐ Basic NERT	☐ ICS	
			☐ Heavy Lifting Training	☐ Other	
3. Disaster Service Worker?	YES	NO	☐ Volunteer Center	☐ Other	
4. Licensed driver?	YES	NO	Vehicle available?	YES	NO
5. Language other than English?	YES	NO	List:		
6. Medical training?	YES	NO	☐ Basic First Aid	☐ Advanced First Aid	
			☐ First Responder	☐ EMT	
7. Construction experience?	YES	NO	☐ Basic carpentry	☐ Basic electrical	
			☐ Basic plumbing	☐ HVAC	
			☐ Heavy equipment	☐ Other	
8. Communications experience?	YES	NO	☐ Ham	☐ Other	