



**CERT/MRC APPLICATION-UPDATE OF INFORMATION FORM 2012**

Dear members and applicants:

As we seek to improve our organizations, we recognize the importance of serving our members as well as the community. In order to provide better services, we are asking all of our past, present, and future members to complete our updated information form. The information you provide is confidential and will not be shared with others. If you have any questions or concerns, please contact Lisa Sitler or Brett Siefert at (636) 528-6117 at the Lincoln County Health Department.

**ENROLLMENT FORM GENERAL INFORMATION**

Name (Last, First, Middle Initial)

Address:		Email Address:	
City:	State:	Zip Code:	Shirt Size:
Home Phone:	Cell Phone:	Work Phone:	
Are you Bilingual? Yes No		What language(s)?	
Can you (circle all that apply):		Speak	Read Write

**Occupation:** \_\_\_\_\_ **Professional License Number (if applicable)** \_\_\_\_\_  
**Employer:** \_\_\_\_\_

**HEALTH INFORMATION** (please include a separate sheet of paper if needed)

Do you have a disability or health concern? Yes No If yes, please explain and/or list any special accommodations needed:
Do you have any health conditions (such as Diabetes, Heart, Epilepsy, etc)? Please describe below.
Physician Name(s), Address, and Phone Number (include specialty if applicable):
Are you presently taking any medications? If so, please list them below or on a separate sheet and return.

**EMERGENCY CONTACT INFORMATION**

**In Case Of Emergency, person to contact should be:**

Name: Relationship: Phone: Home: Cell:  
Address: City: State: Zip Code:

---

**Out of State Contact**

Name: Relationship: Phone: Home: Cell:  
Address: City: State: Zip Code:

---

**STATISTICAL INFORMATION (OPTIONAL) –Circle your selection**

Age Group: 12-18 19-39 40-69 70+  
Race/Ethnic Group: African-American Asian Caucasian Hispanic/Latino Native American  
Other  
Gender: Male Female Marital Status: Single Married Divorced Widowed

---

**BACKGROUND INFORMATION**

Date of Birth: SSN (at least last 4 digits): School/Place of Employment:  
Driver’s License/I.D.#: Class: State: Expiration Date  
Have you ever been convicted of a crime other than minor traffic violations? Explain below  
Yes: No:  
Are you currently awaiting trial, on probation, or parole? Explain below  
Yes: No:  
Explanation:

---

**PUBLICITY**

Photographs, or video tape recordings of participants involved in the CERT/MRC Program may be used by staff for publications or advertising materials. In addition, local news organizations may hear of our activities and we would like to extend our invitation to photograph or record our activities. This consent includes, but is not limited to: photographs, videotape, and audio recordings.

**I understand under penalty of perjury that all statements on this Volunteer Enrollment Form and attachments are true and complete to the best of my knowledge. I understand that false, misleading, or incomplete information shall be cause for disqualification from the program.**

---

Volunteer Signature Printed Name Date