



Environmental Protection and Growth Management Department

PLANNING AND DEVELOPMENT MANAGEMENT DIVISION

115 South Andrews Avenue • Room 329K • Fort Lauderdale, Florida 33301 • 954-357-6634 • broward.org/planning

BMSD Community Emergency Response Team (CERT) Volunteer Application Instructions

Thank you for applying to volunteer for the Broward Municipal Services District (BMSD) Community Emergency Response Team (CERT). Community members joining CERT receive training about disaster preparedness, basic disaster response skills, such as fire safety, light search and rescue, team organization, and disaster medical operations. CERT is often the first neighborhood “responders” after a disaster. BMSD neighborhoods include Boulevard Gardens, Franklin Park, Roosevelt Gardens, Washington Park, Broadview Park, Hillsboro Pines, and Hillsboro Ranches. Retirees, students (ages 16+), adults, or groups interested in learning how to respond to emergencies and disasters are welcome!

1. Application

As a potential volunteer, you will need to provide a photo ID and complete the application packet. Applications must be submitted to Planning and Development Management Division, Attn: Aretha Wimberly, 115 South Andrews Avenue, Room 329K, Fort Lauderdale, Florida 33301 or email to AWimberly@Broward.org.

2. Background Screening

Safety is a priority. Our neighbors and businesses are confident that Broward County takes measures to ensure their safety. Criminal background checks are necessary. Applicants may be invited to a personal interview.

3. Team Meeting

Periodically, volunteers are asked to share their experiences and encourage newcomers. Feedback helps improve program processes and services to our neighborhoods.

4. Placement

Upon completion of training, CERT assignments will be given to volunteers by training staff.

"Doing the greatest good for the greatest number of people."



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BMSD Community Emergency Response Team Volunteer Application

Applicant Information							
Last Name		First Name			Middle Initial	Suffix	
Address				City		State	Zip
Phone		Mobile Phone		Work Phone			
Email							
Availability	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING							
AFTERNOON							
EVENING							
Community Emergency Response Team (CERT) Volunteers							
<p>Check all that interest you.</p> <p> <input type="checkbox"/> Community Emergency Response Team <input type="checkbox"/> Explorers (<i>youth</i>) <input type="checkbox"/> Marine Auxiliary </p> <p>Do you own a boat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> <input type="checkbox"/> If yes, what type of boat? _____ </p>							
Volunteer Interest Questionnaire							
<p>How did you hear about this program? _____</p> <p> How long can you commit to volunteering? <input type="checkbox"/> Once <input type="checkbox"/> Occasionally <input type="checkbox"/> 3-6 months <input type="checkbox"/> More than 6 months <input type="checkbox"/> Other </p> <p> How do you prefer to work? <input type="checkbox"/> Directly with people <input type="checkbox"/> Behind the scenes <input type="checkbox"/> Both </p> <p> What other language(s) do you speak? _____ <input type="checkbox"/> Basic <input type="checkbox"/> Conversational <input type="checkbox"/> Fluent </p> <p>What are your strengths? Describe any special skills, hobbies, interests or training you have that would be helpful to the volunteer program.</p>							

Volunteer Experience Questionnaire

Please describe any previous volunteer experience (agency, date, and duties performed):

Why, at this particular time in your life, have you chosen to volunteer with us? What do you hope to gain from the experience?

Date you can begin service: _____ / _____ / _____

Emergency Contact Information

Last Name		First Name		Middle Initial	Suffix
Address			City	State	Zip
Phone	Mobile Phone		Work Phone		
Email			Relationship to You		



BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
 Finance and Administrative Services Department
 Risk Management Division | Safety & Occupational Health Section
ACKNOWLEDGEMENT, AUTHORIZATION AND REQUEST
FOR CRIMINAL BACKGROUND INFORMATION

INSTRUCTIONS

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK AND RECORD RELEASE

Check appropriate box for: **Employment, Volunteer or Community Service Worker**

- Intern
 Volunteer
 Community Service Worker (court ordered)

I acknowledge receipt of the separate documents entitled **BACKGROUND INVESTIGATION DISCLOSURE** and **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT**, and certify that I have read and understand both of the documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Broward County at any time after receipt of this Authorization and throughout my employment or period of volunteer service, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested. These searches will be conducted by Edge Information Management, Incorporated, 1682 W. Hibiscus Blvd., Melbourne, Florida 32901, 1-800-725-3343, www.edgeinformation.com and/or American Prestige Screening, P.O. Box 550674, Atlanta, GA 30355; Telephone (888) 943-8985, and/or Broward County, itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

PERSONAL INFORMATION – ALL SPACES MUST BE COMPLETED

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Other Prior Names/Maiden Names/Aliases: _____

DOB: ____/____/____ Gender: Male Female Social Security Number: _____

Race: (Check One) White-Not Hispanic Black-Not Hispanic Hispanic Asian/Pacific Island American Indian/Alaskan Native

Current Address: _____

How long have you lived in Florida? ____ Years ____ Months Driver's License: ____ License Number ____ State ____ Expiration Date

Previous Addresses: _____
 Out of the state of Florida. Must be completed if you have lived in Florida for less than 10 years.

CRIMINAL RECORD (if any)

Since your 18th birthday, have you been convicted of or entered a plea of guilty or nolo contendere (no contest) to any violations of law. You must include all felonies and misdemeanors, other than non-criminal traffic offenses, even if adjudication was withheld?

Yes No If yes, please provide the following information: (use a separate sheet of paper if multiple records exist)

Offense: _____ Misdemeanor Felony

Name & Location of court: _____

Court Disposition: _____ Date: _____

Note: A conviction does not automatically disqualify you. The nature of the offense, how long ago it occurred, relationship to your duties and agency assigned, etc. will be given consideration.

Printed Name: _____

SIGN ▶ _____ Date: _____

Candidate/Volunteer Signature