



**City of Richmond Heights**

**Application for Volunteer  
Services**

Please fill out the below application.

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Cell phone provider: \_\_\_\_\_

Home phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current occupation: \_\_\_\_\_

Have you completed the below listed certification classes?

CPR Provider  FEMA IS-100  FEMA IS-700  FEMA IS-200

First Aid  Other?  Please list: \_\_\_\_\_

You will be issued a vest, the cost of which is \$50.00, although it is not required, any donation is appreciated and is tax deductible. We request the return of the vest upon leaving the program.

*Please list 2 personal or professional references, names and phone numbers on the back side of this application.*

**I hereby authorize the City of Richmond Heights and its agents or employees to conduct a background check on me and authorize the release of pertinent information concerning me from any source including but not limited to present and/or past employers. The undersigned applicant, in granting this authorization, hereby specifically WAIVES any right to PERSONAL PRIVACY he or she might have in the above information and RELEASES the City of Richmond Heights its agents or employees, and any person or agency from any liability whatsoever resulting from the release of such information.**

**I agree that interviews and provision of proof of identity and employment eligibility for work in the United States, educational and reference checking may all be part of the selection process for volunteers for the CERT program.**

**When complete: please send to**

**Richmond Heights Fire Department**

**Attention: Acting Fire Chief Robert Armstrong**

**457 Richmond Road**

**Richmond Heights, Ohio 44143**

**Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_**