



## CITY OF GLENN HEIGHTS VOLUNTEER EVENT REGISTRATION FORM

Learn how you can help yourself, your family and your community during a disaster. Community Emergency Response Team (CERT) members are groups of active residents that receive special training for the purpose of enhancing their ability to recognize, respond to, and recover from a major emergency affecting the Glenn Heights community. The CERT program educates our citizens on disaster preparedness, such as fire safety, light search and rescue, team organization and disaster medical operations.

Glenn Heights is actively recruiting residents to be trained for this program. To become a member of the City of Glenn Heights C.E.R.T. Program, send us your name, address, home phone, cell phone, and email address in the form below. Participants must be 18 years of age and pass a background check to be accepted. We'll get you signed up for upcoming meetings and training.

**First Name:**

**Last Name:**

**Email Address:**

**Phone Number:**

**Address:**

**Glenn Heights, Tx. 75154**

**Emergency Contact:**

**Emergency Phone:**

**T-shirt Size:**

**Small**

**Medium**

**Large**

**X-Large**

**XX-Large**

**Do you have any allergies?**

**Yes**

**No**

**If yes, please explain:**

## The City of Glenn Heights Consumer Report Disclosure Form

The City of Glenn Heights may, with your consent, obtain a consumer report (as defined by the Fair Credit Reporting Act), related to your prospective, current, or future employment. This may include procurement of an investigative consumer report (defined as a report that includes information as to your character, general reputation, personal characteristics, or mode of living).

You may request that the nature and scope of any investigative consumer report be disclosed to you. Such disclosure will be made within 5 days of our receipt of the request from you or five days after the date the investigative consumer report was first requested, whichever is later.

By signing below, you grant permission to The City of Glenn Heights or any of its affiliated or subsequent companies to obtain such report or reports at any time. You also grant permission to all parties to release information regarding your previous or current military service, employment, education, or criminal matters, including information which may be deemed negative.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Identity Information

**First Name:**

**Middle Name:**

**Last Name:**

**Current Address:**

**City:**

**State:**

**Zip:**

**Other Names Used (Maiden or Aliases):**

**Social Security Number:**

**Driver's License Number:**

**State:**

**Date of Birth:    Month:**

**Day:**

**Year:**

Please list each city/county and state in which you have lived, worked, or attended school during the last ten (10) years. Use the back of this form if necessary to provide full disclosure.

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** \_\_\_\_\_

# WAIVER

I do hereby authorize a review and a full disclosure of any and all records concerning myself to any duly authorized agent of the City of Glenn Heights, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of my work record, school record, my reputation, or my financial and credit status. You may include all my medical, physical and mental records or reports including all information of a confidential or privileged nature, and photocopies of the same if requested. This information is to be used to assist the City of Glenn Heights in determining my qualifications and fitness for the position I am seeking.

I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested above.

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Signature of Applicant

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Date