



CITY OF GLENN HEIGHTS VOLUNTEER EVENT REGISTRATION FORM

The Community Emergency Response Team training is ideal for established groups like neighborhood watches, home owners' associations, community organizations, or groups that come together regularly for a common purpose. C.E.R.T. skills are useful in disaster and everyday life events.

In short - if you care about your community, don't sit at home and wonder who would help you in case of a disaster... become part of the solution.

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. We'll get you signed up for upcoming meetings and training.

First Name:

Last Name:

Email Address:

Contact 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) from Imperative Information Group, Inc., a Consumer Reporting Agency, 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 to Imperative Information Group, Inc., including information which may be deemed negative.

For California, Minnesota, or Oklahoma applicants only:

I request a copy of my consumer report be sent to the home address listed below.

Signature _____

Date _____

Identity Information

First Name:

Middle Name:

Last Name:

Current Home Address:

City: State: ZIP:

Other Names Used:
(maiden names or aliases)

Social Security Number: - -

Drivers License State: Number:

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 years. Use a second form if necessary to provide full disclosure.

City: OR County: State:

City: OR County: State:

City: OR County: State:

City: OR County: State:

City: OR County: State:

City: OR 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.

Signature of Applicant

Date