



Citizen Corps Program

Membership Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Alternate Number: _____

Fax: _____ Email: _____

Have you ever volunteered for Citizen Corps? YES NO
 If yes, what program? _____

Interest

I am interested in the following:

- Citizen Corps Council
- Medical Reserve Corps
- Volunteers in Police Service (VIPS)
- Neighborhood Watch/USAonWatch
- Community Emergency Response Team (CERT)

Certification

I am declaring a professional certification, skill, membership or affiliation:

- Physician
- Physician Assistant
- Registered Nurse
- Licensed Practical Nurse
- Pharmacist
- Veterinarian
- Scuba Diver
- Former Military
- Public Engineer
- Structural Engineer
- Pilot
- K-9 Search & Rescue
- Civil Air Patrol
- Pilot
- LEPC member
- HAM Radio Operator
- LEPC member
- CPR/First Aid Trained
- American Red Cross Volunteer Trained
- Emergency Medical Technician
- Neighborhood Watch Leader

Brief Statement

Please attach a brief statement of why you are interested and how you could contribute to the program.

Fax completed form and statement to: (248) 858-5550.