

# Town of Mammoth Lakes CERT



**Mono County  
Public Health**

## VOLUNTEER ENROLLMENT FORM

Date: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Address (Physical and PO Box)

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Home Phone Work Phone

\_\_\_\_\_  
Cell Phone Pager

\_\_\_\_\_  
Email Address:

Are you bilingual? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what language:

\_\_\_\_\_  
Speak Read Write

Do you have a disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list special accommodations needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_