



**TEMECULA CITIZENS CORPS (TCC)
MEMBERSHIP APPLICATION**



The mission of the TCC is to harness the power of every individual through education, training, and volunteer service to make Temecula safer, stronger, and better prepared to respond to the threats of terrorism, crime, public health issues, and disasters of all kinds.

Thank you for your interest in volunteering with our Organization!

Name: _____
First MI Last

Home Address: _____

Temecula Address: _____
(Home or Business; If different from above)

Primary Contact Phone Number(s): _____

E-mail Address: _____ **Date of Birth:** _____

_____ I give the City of Temecula permission to use my phone number(s) to contact me via the reverse 911 System.
(Initials)

Have you ever been convicted of a criminal offense? Yes No

If yes, please describe in detail and provide date, location and status.

(Conviction is not an automatic bar from volunteering. Each case is considered on its own merits.)

Check the following boxes to help us match your volunteer application with a suitable volunteer role.

I am interested in the following areas (please check any box that applies):

- Admin Logistics Operations Public Affairs Emergency Communications Events
 First Aid Training Neighborhood Watch All areas

How did you hear or learn about TCC? _____
Newsletter, website, social media, other (please describe)

I agree that TCC may take photographs or videos of me and use such photographs and/or video of me, with or without my name, for any lawful purpose (e.g., publicity, illustration, advertising, and Web content).

By signing this document, you agree to the above statements and, as a volunteer of our organization, you agree to abide by TCC's Policy and Procedures.

Signature: _____ **Date:** _____

Temecula Citizen Corps (TCC) Member Information Form

Personal Information:

Last Name		First Name		Middle Name		Date of Birth
Prefix	Check 1 or more	Home Address #		Street Name		Apartment #
Mr. <input type="checkbox"/>	CERT Trained <input type="checkbox"/>	City		State		Zip
Mrs. <input type="checkbox"/>	TCC Member <input type="checkbox"/>					
Ms. <input type="checkbox"/>	DSW # _____ <input type="checkbox"/>	Driver's License Number				
Other <input type="checkbox"/>	Red Cross ID <input type="checkbox"/>					

Contact Information for Activation Notifications

(The Reverse 911 System can send messages to five contacts – fill in a maximum of five boxes):

Home Phone (voice notification)	Work Phone (voice notification)	Cell Phone (voice notification)	Cell Phone (voice notification)
Text Message	Text Message	Fax	Other
Email Address		Email Address	

Emergency Contact Information: List someone to contact for you in case of an emergency.

Last Name	First Name	Relationship	
Home Phone	Work Phone	Cell Phone	Email address
Home Address			

Secondary Emergency Contact Information: If possible list an out of state contact as a secondary emergency contact.

Last Name	First Name	Relationship	
Home Phone	Work Phone	Cell Phone	Email address
Home Address			

Forms & Training Information: Enter dates and submit a copy of the completion certificate or form

Last CERT Training*	Last CERT Refresher	FEMA IS-100 (a) online course*	FEMA IS-700(a) online course*
Original Application Date	At-will Form*	Oath of Allegiance*	Drivers Record Form
First Aid Training*	CPR Training*	AED Training*	Ham Radio Call Sign (if licensed)
Red Cross Shelter Mangement	Other Red Cross Training	Other Red Cross Training	

Special Skills: List any special skills below. Include trades, languages and related certifications.

I certify that the above information is true and correct.

Signature	Date
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* Required for DSW (DisasterService Worker) Credential



City of Temecula Citizen Corps

Acknowledgement of At-Will-Employment

I, _____, acknowledge that I am an at-will-employee /volunteer without vested property rights in my position of Volunteer.

I also acknowledge that as a Volunteer with this Department, I am required to keep my Volunteer Coordinator notified of any change(s) to my address, telephone number(s), marital status, if I have contact with law enforcement or government regulatory agencies, or have any other changes in my status.

I may be terminated/released at any time, without cause and without cause of appeal.

Applicant's Signature: _____ Date: _____

I have discussed this letter and the conditions it contains with the Applicant.

Reviewer's Signature: _____ Date: _____



City of Temecula

Oath of Allegiance

I, _____ do solemnly affirm that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California, that I take this obligation freely, without any mental reservation or purpose of evasion, and that I will well and faithfully discharge the duties upon which I am about to enter.

Signature: _____

Print Name: _____

Address: _____

City, State, ZIP: _____

The above oath was reviewed, read and subscribed as of _____

Temecula Citizens Corps Chairperson