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### **VERT – Volunteer Emergency Response Team:**

Following a major disaster, professional first responders who provide fire and medical services may not be able to meet the demand for their services. Factors such as the number of victims, communication failures, or property/infrastructure damage could prevent people from accessing emergency services as they have come to expect calling 911. During major disasters, citizens often have had to rely on each other for help in order to meet their immediate life-saving and life-sustaining needs.

Under these kinds of conditions, family members, fellow employees, and neighbors will spontaneously try to help each other. This was the case following the Mexico City earthquake where untrained, spontaneous volunteers saved 800 people. However, 100 people lost their lives while attempting to save others. This is a high price to pay and is preventable through training.

If we know that emergency services may not be immediately available to meet emergency needs following a *major disaster*, especially if there is no warning, as in a severe tornado, and people will spontaneously volunteer, what can government do to prepare citizens for this eventuality? VERT training!

#### **VERT will:**

1. Present citizens with the facts about what emergency services to expect following a major disaster.
2. Provide information about citizen responsibility for preparedness and mitigation.
3. Train citizens in needed life-saving skills with emphasis on decision making skills, rescuer safety, and doing the greatest good for the greatest number.
4. Organize volunteer teams so that they are an extension of first responder services, providing immediate help to victims until professional services arrive.
5. Provide leadership for all responses to ensure the coordination maximize the safety of volunteer VERT crews.
6. Provide VERT ID Badges so authorized VERT volunteers can be properly identified.
7. Provide appropriate gear in prepared “Response Kits” for the tasks at hand.



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### **Woodbury Public Safety VERT Volunteer signup packet:**

Do you have a heart for serving in disaster response and/or skills and training that would be valuable in an emergency? Our City of Woodbury Public Safety is looking for Volunteers to participate in community emergency preparedness. (You also get to meet local Fire & Police professionals, and we hold some unique & fun community events that you & your families will be invited to enjoy with us!)

You will be offered free training in Federal Emergency Management Agency (FEMA) response, CPR, First Aid, Search, Emergency Sheltering, etc. We could be called upon locally or regionally to volunteer to help with evacuations, shelter operations, sandbagging, debris cleanup, finding lost children, and other emergencies.

(Note: Your response to call-ups are optional, however, please note that certain training courses are mandatory for you to participate in certain responses. Candidates do not have to live in Woodbury to participate – we are interesting in training a wide range of people in these skills. Children under 14 years are not allowed, and children from 14 to 17 are only allowed when accompanied by a parent/guardian for safety purposes. For some responses, children under 18 will not be allowed on responses.)

### **What is included in this packet? (How do I Join VERT?):**

1. Cover sheet & introduction to Woodbury VERT
2. Volunteer initial interest and skills form.
3. Volunteer information form for the confidential call-out & training database.
4. Authorization To Release Information form so Woodbury Public Safety can conduct a mandatory background screening check on each candidate. ***Please make sure to have this form notarized.*** (Note: if you drop off this package in person at Woodbury Public Safety we have notaries on hand that will be happy to notarize your form at no charge to you.)

To join, please fill out this entire VERT Volunteer package, sign and drop off or mail to:

Woodbury Public Safety  
Attn: VERT  
2100 Radio Drive  
Woodbury, MN 55125

Your package will be forwarded to the Woodbury Public Safety VERT coordinator to be processed

Thank you for your interest in being a part of the Woodbury Volunteer Emergency Response Team (VERT). While we hope we never need to activate a response, our mission is to better prepare our community for a variety of possible emergency events so we can enjoy a safer community and perhaps save lives should that need ever arise.



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Your Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**VERT Volunteer interest and skills Inventory:**

**Interests:**

- Respond to Emergency Requests (as appropriate/available)
- Emergency Response Steering Committee Member
- Administrative Duties: telephone calls / database entry / Etc.
- First Aid or CPR Trainer
- Disaster Team Leader – Responder (as appropriate/available)
- Ministry ( to offer comfort & support )
- Other \_\_\_\_\_

**Responder Skills and Training (list licenses, certification and training)**

- Medical professional \_\_\_\_\_
- Mental health \_\_\_\_\_
- Distribution and supply
- Shelter setup/administration
- Communications \_\_\_\_\_
- Pastoral or lay ministry \_\_\_\_\_
- Food service
- First responder \_\_\_\_\_
- Debris/flood cleanup
- First Aid Trained
- CPR Certified
- CERT Trained: \_\_\_\_\_
- Red Cross or FEMA disaster trained



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- Military Experience/Skills: \_\_\_\_\_
  - Fire or Police Experience: \_\_\_\_\_
  - Logistics Management
  - Radio Communications Skills: \_\_\_\_\_
  - Amateur Radio (HAM) License/Equipment: \_\_\_\_\_
  - Truck/trailer/equipment to use: \_\_\_\_\_
  - Other: \_\_\_\_\_
- \_\_\_\_\_

If you are registering with a church group, please specify the church name:

\_\_\_\_\_

Additional resources you can provide or ways you can help during an emergency:

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# VERT Volunteer Information Form

Today's Date: \_\_\_\_\_

## Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*  
\_\_\_\_\_  
*City* *State* *ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Marital Status:  Divorced  Married  Single  Widowed E-mail Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Driver License Number: \_\_\_\_\_  
Class: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Student Status: Are you a full time student?  Yes  No

Veteran Status: Are you a veteran?  Yes  No  
Are you a disabled veteran?  Yes  No

Ethnic Category:  African American  American Indian / Alaskan Native  Asian / Pacific Islander  
 Caucasian  Hispanic  Other: \_\_\_\_\_

## Emergency Contacts

### Primary Contact:

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*  
\_\_\_\_\_  
*City* *State* *ZIP Code*

Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Pager: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

What order should we try these telephone numbers in? \_\_\_\_\_ e.g. C,W,H

### Secondary Contact:

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*  
\_\_\_\_\_  
*City* *State* *ZIP Code*

Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Pager: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

What order should we try these telephone numbers in? \_\_\_\_\_ e.g. C,W,H

MINNESOTA DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF CRIMINAL APPREHENSION  
CRIMINAL JUSTICE INFORMATION SYSTEMS SECTION  
1430 Maryland Ave E, St. Paul, MN 55106  
(651) 792-2400

Criminal History Record information maintained by this agency is classified as Private Data. Minnesota State Statute 13.05, subdivision 4, requires that the subject of Private Data give his or her informed consent prior to dissemination of this data to any person or agency. Paragraph (d) of this statute states in part that:

"Informed consent shall not be deemed to have been given an individual subject of data by the signing of any statement authorizing any person or agency to disclose information about him or her unless the statement is:

- (1) In plain Language;
- (2) Dated;
- (3) Specific in designating the particular persons or agencies the data subject is authorizing to disclose information about him or her;
- (4) Specific as the nature of the information he or she is authorizing to be disclosed;
- (5) Specific as to the persons or agencies to whom he or her is authorizing information to be disclosed;
- (6) Specific as the purpose or purposes for which the information may be used by any of the parties named in clause (5), both at the time of the disclosure and at anytime in the future;
- (7) Specific as to its expiration date which should be within a reasonable period of time, not to exceed one year except in the case of authorizations given in connection with applications for life insurance or non-cancelable or guaranteed renewable health insurance and identified as such, two years after the date of the policy."

This agency further requires that the informed consent be NOTARIZED to ensure the validity of the signature. If your agency is mandated by State statute to conduct criminal background checks please include the statute on your form and notarization is not required. Also, in order to conduct a search of our files, we must have the subject's Full Name, Sex and Date of Birth. A sample form is attached.

As a non-profit organization you are eligible to receive record checks at the reduced fee of \$8.00. In order to qualify for this reduced rate you must provide proof of your non-profit status in the form of a copy of the notice provided to you by the Internal Revenue Service that verifies your organization is classified as a 501(c)(3) organization. In addition, you will be required to include a unique number (account number) followed by "Non-Profit" on all requests that are submitted (see sample form). This number will be assigned after we have received documentation verifying your non-profit status. Make checks payable to the MN BCA. Cash should not be sent by mail. A SELF-ADDRESSED, stamped envelope must be included or your request will be returned.



Department of Public Safety  
2100 Radio Drive  
Woodbury, MN 55125  
Phone 651-714-3600  
Account Number # 6517143700  
Woodbury Volunteer Emergency Response Team

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

The following named individual has made application with this agency for volunteering with the Woodbury Volunteer Emergency Response Team.

**Last Name of Applicant** (please print): \_\_\_\_\_

**First Name** (please print): \_\_\_\_\_

**Middle** (full)(please print): \_\_\_\_\_

**Maiden, Alias or Former**(please print): \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex (M or F):** \_\_\_\_\_  
Month/Day/Year

**Social Security Number** (Optional): \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Woodbury for the purpose of volunteering with this agency.

The expiration of this authorization shall be one year from the date of my signature.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**TENNESSEN WARNING**

The City of Woodbury is requesting this private information for the purpose of processing your application to the Woodbury Volunteer Emergency Response Team. You are not required to complete this form but failure to do provide non-optional information will prevent your application from being processed. The City of Woodbury will share this information with the Minnesota Bureau of Criminal Apprehension to perform a criminal background check. This information will not be shared with any other entities.

NOTARY: Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public