Los Alamos Community Preparedness Team (LACPT)

Membership Request Form

Instructions: Please complete all sections of this form and submit it to LACPreparednessTeam@lacnm.us. Submission does not guarantee acceptance. All applicants will be reviewed for alignment with program goals, safety, and County volunteer policies.

Section 1 – Applicant Information

Full Name: _____

Date of Birth: ___ / ___ / _____ (Must be 18 or older)

Email Address: _____

Phone Number: _____

Home Address:

_____

_____

Preferred Method of Contact:

☐ Phone ☐ Email ☐ Text

Section 2 – Availability & Interests

What days/times are you generally available to participate in trainings, events, or drills?

☐ Weekdays ☐ Evenings ☐ Weekends ☐ Varies

Please check any areas of interest (you may select more than one):

☐ Community Outreach / Tabling Events

☐ Emergency Preparedness Education

☐ Emergency Operations Center (EOC) Support

☐ Drill/Exercise Role Player or Controller

☐ Logistics / Supply Support

☐ Volunteer Leadership

☐ Other (please describe): _____

Please describe why you are interested in volunteering for the LACPT Program?

Section 3 – Skills & Background (Optional)

Do you have any relevant skills or experience you'd like us to know about?

☐ First Aid / CPR ☐ Amateur Radio ☐ Fire Service

☐ Search & Rescue ☐ Logistics / Planning ☐ Teaching / Public Speaking

☐ Other: _____

Section 4 – Emergency Contact

Name: _____

Relationship to You: _____

Phone Number: _____

Section 5 – Declarations

Please review and confirm the following:

☐ I understand that this is a non-emergency, volunteer preparedness program and not a first responder organization.

☐ I agree to complete all required prerequisite training before attending the in-person LACPT Basic Training if I am a selected candidate.

☐ I will operate under the direction of the Los Alamos County Office of Emergency Management and follow all applicable County policies and all applicable federal, state, and local laws and regulations.

☐ I agree to the terms and conditions outlined in the County's Volunteer Policy.

☐ I understand that submission of this form does not guarantee acceptance into the program.

Applicant Signature: _____ Date: ___ / ___ / _____

Section 6 – References

Please provide two references who can speak to your character, reliability, and suitability for volunteer service.

Reference #1
Name: _____
Relationship: _____
Phone Number: _____
Email (if available): _____

Reference #2
Name: _____
Relationship: _____
Phone Number: _____
Email (if available): _____

Section 7 - Background & Eligibility Screening

For the safety of volunteers and the community, LACOEM requires all applicants to answer the following eligibility questions. Answering "yes" to any question below will automatically disqualify an applicant from participation in the LACPT program.

Have you ever been convicted of any of the following offenses?
(Please check one for each question.)

1. **Any sex offense**, including those requiring sex-offender registration
   ☐ Yes ☐ No

2. **Crimes against children or vulnerable adults** (abuse, neglect, endangerment, trafficking)
   ☐ Yes ☐ No

3. **Violent felonies** (homicide, aggravated assault/battery, armed robbery, kidnapping/false imprisonment)
   ☐ Yes ☐ No

4. **Felonies involving weapons** (illegal firearm use, felony gun trafficking, weapons possession during a crime)
   ☐ Yes ☐ No

5. **Major financial/fraud/trust-related crimes** (embezzlement, identity theft, theft, forgery, public corruption/bribery)
   ☐ Yes ☐ No

6. **Any felony conviction within the last 10 years**
   ☐ Yes ☐ No

I certify that the information I have provided is true and complete to the best of my knowledge.

I understand that LACOEM may conduct a background check for certain volunteer roles at its sole discretion.

Applicant Signature: _____ Date: ___ / ___ / _____

LF

CU

vad

KT

BS

BM

DS

FR

LM

AW