

# CERT Application Form

## CONTACT INFORMATION

Name: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_  
(if different)

Occupation: \_\_\_\_\_

Can you leave work in case of activation?      Yes \_\_\_\_\_      No \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Pager: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Mail Applications to:

Ellis Co. ESD #2  
CERT  
105 S. Cockrell Hill Rd. #1  
Ovilla, TX 75154

## Emergency Contact Information

Name \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Pager: \_\_\_\_\_

## BACKGROUND CHECK

Does the jurisdiction have your permission to complete a full and exhaustive background check upon you?    Yes \_\_\_\_\_    No \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License: \_\_\_\_\_

**DISASTER EXPERIENCE**

Do you have any disaster-related training or experience? Yes \_\_\_\_\_ No \_\_\_\_\_

What? \_\_\_\_\_

Are you a licensed Amateur Radio Operator? Yes \_\_\_\_\_ No \_\_\_\_\_ Call Sign \_\_\_\_\_

Are you a: Medical Doctor \_\_\_\_\_ RN \_\_\_\_\_ LPN \_\_\_\_\_ Paramedic \_\_\_\_\_ EMT \_\_\_\_\_

List other skills that maybe of use: \_\_\_\_\_

\_\_\_\_\_

**PHYSICAL FITNESS**

Are you physically fit to participate in this program? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any physical or medical conditions that might affect your participation in the exercise or fieldwork associated with team training and activation? Please explain

\_\_\_\_\_

\_\_\_\_\_

