

Saline Valley Fire Protection District

Community Emergency Response Team (CERT) Application



APPLICANT INFORMATION				
Last Name:		First Name:		MI:
Street Address:			Apartment / Unit #:	
City:		State:		Zip Code:
Date of Birth:		Phone:		Cell Phone:
Email Address:				
Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, are you authorized to work in the U.S.?				
Have you ever worked or volunteered for the District? <input type="checkbox"/>			Are you over the age of 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any medical or other condition that would limit your full participation in the CERT activities? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Emergency Contact				
Last Name:		First Name:		MI:
Street Address:			Apartment / Unit #:	
City:		State:		Zip Code:
Phone:		Cell Phone:		

SPECIAL SKILLS OR QUALIFICATIONS
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Disclaimer and Signature	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to acceptance, I understand that false or misleading information in my application or interview may result in my dismissal or release	
Signature:	Date:

Background Check
Submit a police criminal records check from the county or city in which you reside and turn it in with the application.