

**Community Emergency Response Team Program  
Cumberland County Citizen Corp)**

**CERT APPLICATION FORM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN (Last 4): \_\_\_\_\_ Sex:  Male  Female

Driver's License: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

Email: \_\_\_\_\_ Cellular: \_\_\_\_\_

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

Do you have any physical limitations? \_\_\_\_\_

Have you ever been a member of a CERT program?  Yes  No If yes, Where? \_\_\_\_\_

Have you had any disaster related or first responder training?  Yes  No

If yes, explain:  
\_\_\_\_\_

Are you a licensed amateur radio operator?  Yes  No Call Sign: \_\_\_\_\_

Are you a licensed:  MD  RN  LPN  EMT  Paramedic  DVM

Name of Subdivision of Neighborhood: \_\_\_\_\_

Name of Municipality: \_\_\_\_\_ Township or Borough \_\_\_\_\_

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**\*\*\* CERT PROGRAM USE ONLY\*\*\***

CERT Team Assigned to: \_\_\_\_\_ Date: \_\_\_\_\_

Municipality: \_\_\_\_\_ Coordinator: \_\_\_\_\_

Course completed: \_\_\_\_\_ ID Card Issued: # \_\_\_\_\_

Equipment Issued: \_\_\_\_\_ Issued By: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

Return completed form to: Cumberland County Department of Public Safety  
Attn: Justin Shaulis, 1 Public Safety Drive, Carlisle PA 17013-7300  
or email: [CERT@cumberlandcountypa.gov](mailto:CERT@cumberlandcountypa.gov) or fax to: 717.218.2950