

**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

***** 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 or fax to: 717.218.2950