



APPLICATION FOR VOLUNTEER PARTICIPATION IN THE
GERRISH TOWNSHIP POLICE DEPARTMENT
COMMUNITY EMERGENCY RESPONSE TEAM

INSTRUCTIONS: *Please print or type clearly. Read each question carefully and answer each question honestly and accurately. Applications that are not completed or legible may not be considered. If the space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size to this application. All information will be kept strictly confidential.*

Applicant Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ E-Mail: _____

Date of Birth: _____ Sex: M F Race: _____

Driver's License # _____

Do you have any physical, psychological or medical restrictions that could influence your participation in the C.E.R.T. program?

Y N If Yes, What? _____

Are you under a doctor's care? Y N

If Yes, Why? _____

Are you a student? Y N Name of School: _____

Have you ever been convicted of a crime? Y N

If Yes, list the agency, year and what you were charged with and/or convicted of:

Have you or any of your family members been involved in any civil litigation or dispute involving Gerrish Township? Y N

Are you currently under the jurisdiction of any court of these United States? Y N

Are you currently under the orders of a Personal Protective Order or any Bond Restriction? Y N

Have you ever been part of a CERT team in the past? Y N If Yes, Where was it and why did you leave?

Did you ever complete a 20-Hour CERT Basic Training? Y N

REFERENCES:

1. _____

Name	Address	Telephone	Relationship
------	---------	-----------	--------------

2. _____

Name	Address	Telephone	Relationship
------	---------	-----------	--------------

NOTIFICATION AND AGREEMENT (Please read before signing):

My signature on this form certifies that the information provided and answers to the questions are true and a correct representation of the facts. I understand that any false statements, misrepresentation or omission of facts made herein will be cause for denial of volunteer opportunities, or dismissal from volunteer work regardless of when or how it was discovered.

I understand that the Gerrish Township Police Department needs to thoroughly investigate my background and personal history to evaluate my qualifications. I hereby authorize the Gerrish Township Police Department to investigate all statements made in this application or attachments. I acknowledge that I have read and understand the above statements and hereby grant permission to contact the information supplied.

I also agree to abide by the rules of the C.E.R.T. program and I understand that the department can terminate my participation in the program at any time. I also agree to waive all liability, holding Gerrish Township/C.E.R.T. harmless during the time I am participating in the program.

APPLICANT SIGNATURE: _____ Date: _____

If applicant is under 18 years of age, a custodial parent or guardian of the applicant must sign as approval for the applicant to participate in the program. The custodial parent or guardian must also sign a waiver of all liability, holding Gerrish Township/C.E.R.T. harmless during the time the minor applicant is participating in the program.

PARENT OR GUARDIAN SIGNATURE: _____ Date: _____

DEPARTMENT USE ONLY

APPROVAL: Y N APPROVED BY: _____ DATE: _____

DATE NOTIFIED: _____ IF NO, REASON: _____