Manistee County
Application for Community Emergency Response Team
Volunteer Program

Name (first/middle/last):		Date of Birth (required for background check):
Address:		
Phone Number:	Alternate Phone Number:	Email:
Employer:	Work Phone Number:	Work Schedule:
Driver License #:		
Are you physically and mentally capable of performing CERT duties if reasonable accommodations are provided?	What accommodations would you require?	

I hereby agree that the information provided is accurate and I agree that the Manistee County Office of Emergency Management may verify such information. I understand that this position requires a personal background check including but not limited to my driving record and criminal history. I agree to the disclosure of such information to the Manistee County Office of Emergency Management by any agency or person and release such from any liability with such disclosure.

I further agree that if accepted for membership on the Manistee County Community Emergency Response Team (CERT) that I will read the Standard Operating Procedures and obey all policies and procedures of the Manistee County Community Emergency Response Team (CERT). I understand that membership on the Manistee County Community Response Team (CERT) is at will basis and may be terminated by the Manistee County Office of Emergency Management for any reason.

_____/_____

Applicant Signature Date

Office Use: ***Criminal Hist*****_____/_____*****Driving Record*****_____/_____**

Application: Approved Denied/Reason(s): ***By:*** ***/***

Manistee County Office of Emergency Management 1525 E. Parkdale Ave., Manistee, MI 49660