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Mail to Warren County C.E.R.T., 520 Justice Dr., Lebanon, OHIO 45036  
c/o Warren County EMA, or email to: [wcohcrt@gmail.com](mailto:wcohcrt@gmail.com)

## APPLICATION COMMUNITY EMERGENCY RESPONSE TEAM Warren County, Ohio

Applicant must be age 18 or above

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

CONTACT: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Phone Cell Phone E-mail

### EMERGENCY INFORMATION

In case of emergency, please contact

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CONTACT: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Phone Cell Phone E-mail

### BACKGROUND INFORMATION

DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

DRIVERS LICENSE I.D. eventually we need your driver's license number for the background check, but in the protection of your identity, we will not collect that info online. Instead, we record that information at the beginning of the first class.

CLASS: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN MINOR TRAFFIC VIOLATIONS:  Yes  No

ARE YOU CURRENTLY AWAITING TRIAL, ON PROBATION, OR ON PAROLE:  Yes  No

HAVE YOU HAD A FEDERAL AND STATE BACKGROUND CHECK IN THE PAST 12 MONTHS:  Yes  No

NAME OF CURRENT OR MOST RECENT EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

SUPERVISOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATES: From (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ To (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

PERSONAL REFERENCE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

Briefly explain why you are interested in this training and any skills and/or equipment you might have that could be of interest to the group.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that all statements on this enrollment form and attachments are true and complete, to the best of my knowledge. I understand that false, misleading, or incomplete information shall be cause for disqualification or termination of membership. I understand that a criminal background check will be performed as part of the application process and do hereby give my consent for such check.

**I authorize the release of my background information to Warren County C.E.R.T. for review.**

APPLICANT NAME: \_\_\_\_\_ DATE: (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

If you are submitting this application electronically (email), sign in person the first day of class

PRINT SAVE AS

Email completed application to: [wcohcet@gmail.com](mailto:wcohcet@gmail.com)

Or print and mail completed application to:

Warren County C.E.R.T.  
520 Justice Dr.  
Lebanon, OHIO 45036  
c/o Warren County EMA



BACKGROUND CHECK PERFORMED BY: \_\_\_\_\_