

Jefferson County  
CERT  
Training Application



PLEASE PRINT CLEARLY OR TYPE

Full Name: \_\_\_\_\_  
Last First Middle

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

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

Employer Name & Address (if applicable): \_\_\_\_\_

Title & Job Description: \_\_\_\_\_

I am a resident of \_\_\_\_\_ County. I am 18 or older:  Yes  No

Driver's License #/State: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been arrested?  Yes  No

If Yes, please list when, where and the offense:

This program does include physical activity. Do you require any special accommodations to participate in this program? (Please explain)

Name and phone numbers of person to contact in the event of an emergency:

---

---

How did you hear about CERT Training? \_\_\_\_\_

Why do you want to attend CERT Training? \_\_\_\_\_

---

---

---

Please provide information about your interests, community involvement, etc.

---

---

---

**I understand a background check will be conducted on all applicants. I authorize a background check on me based on this application. I give permission for any still photography or video footage in which I may appear to be used for whatever purpose deemed appropriate. I do this voluntarily and with the understanding there is no remuneration. In addition, I release any involved agencies and jurisdictions from any liability related to this training. All information on the above application is true.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return via mail, fax or email.

Jefferson County Office of Emergency Management  
CERT Coordinator  
1149 Pearl St, 1<sup>st</sup> Floor  
Beaumont, TX 77701  
Office (409) 835-8757 - Fax (409) 835-8767  
Rachel@jeffcocert.com