



# COMMUNITY EMERGENCY RESPONSE TEAM APPLICATION



FULL NAME:	DOB:
ADDRESS:	
PHONE:	
DRIVERS LICENSE NUMBER:	STATE:
OCCUPATION:	
T-SHIRT SIZE:	

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

YES    NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I, \_\_\_\_\_ give the Scappoose Police Department my permission to conduct a criminal history background on me for the purpose of this application. I am fully aware that a criminal history background will be done prior to being allowed to attend the CERT training.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Please check all that apply:

I  live  work within the city limits of Scappoose or within the Scappoose Rural Fire District.