

Return to:
Macon County Health Department
Attn: Emergency Preparedness Manager
1221 E. Condit St.
Decatur, IL 62521-1405

Macon County



CERT APPLICATION

Name: _____ **Gender: Male** **Female**

Address: _____ City: _____ State: _____ Zip: _____

Phone: (H) _____ (C) _____ Social Security # _____

Email _____ Driver's License # _____

Employer (current or most current): _____ Phone: (W) _____

Speak a **Second Language: Yes** **No** **If yes, what language:** _____

Why are you interested in CERT training? _____

List any community organization affiliation/s: _____

Do you have any physical limitations or restrictions? Yes **No** If yes, please explain: _____

List any specialized training (medical/emergency preparedness): _____

Have you been convicted of a felony? Yes **No** **A misdemeanor (other than a traffic violation? Yes** **No** **If yes, explain:** _____

-----A Criminal Background Check is required for all volunteers-----

Yes, I give my permission to a background check. Birth date: ___/___/___ Other Names: _____

- **To the best of my knowledge, the above information is accurate and complete. If information given is incomplete or untrue, I understand my CERT application will cease to be processed and become VOID.**
- **I agree to respect the rights, property and confidentiality of emergency workers and individuals affected by disaster.**
- **I agree to adhere to the rules and instructions of my job assignment/s** so as not to jeopardize response operations and/or procedures.

Applicant Signature: _____ Date: _____

Note: Application is not valid if any information and/or signature is missing!