



LINCOLN COUNTY CITIZEN CORPS CERT TEAM APPLICATION



(Print or type all information)

Date: _____

Name: _____
(Last) (First) (Middle)

Maiden / Other Names Used: _____

CERT Location: _____ Date of Birth: _____

Home Address: _____ Telephone: _____

Mailing Address: _____ State: _____ Zip Code: _____

Cell Phone: _____ Email Address: _____

Social Security No.: _____ Driver's License No.: _____ State: _____

US Citizen YES NO If No, citizen of which country: _____

U.S. Documentation No.: _____

CRIMINAL HISTORY

Have you been convicted of a felony or misdemeanor in any state? No Yes

If yes, provide dates and state of occurrence: _____

Have you been arrested for a felony or misdemeanor in any state? No Yes

If yes, attach sheet with full details.

PERSONAL REFERENCES

List only persons you have known for at least six (6) months. DO NOT list relatives, former employers, teachers or physicians.

Name: Last/First/Middle	Home Address, City State Zip	Home Telephone
Business Name	Business Address, City, State Zip	Business Telephone

Name: Last/First/Middle	Home Address, City State Zip	Home Telephone
Business Name	Business Address, City, State Zip	Business Telephone

Name: Last/First/Middle	Home Address, City State Zip	Home Telephone
Business Name	Business Address, City, State Zip	Business Telephone

DOMESTIC VIOLENCE

If you answer YES to any question below, explain in detail on separate attached sheet

Have you ever been convicted of any type of crime involving domestic violence?	YES	NO
Have you ever committed an act of domestic violence?	YES	NO
Have you ever been involved in a child abuse or child neglect investigation of any kind?	YES	NO
Have you ever had a Protection Order sworn out against you?	YES	NO
Have you ever sworn out a Protection Order on any one else?	YES	NO

ADDITIONAL QUESTIONS

Have you used marijuana, illegal drugs, or abused prescription drugs? If yes, name the substance, the frequency of use, and period of uses on attached sheet	YES	NO
Have you ever bought, sold, distributed, manufactured or abused illegal drugs? If yes, name the substance, the frequency of use, and period when occurred	YES	NO
Since the age of sixteen (16), have you ever pilfered money or property from an employer or stolen money or property from someone else? If yes, explain on attached sheet	YES	NO

CERTIFICATION STATEMENT

I hereby certify that all of the above questions have been answered to the best of my knowledge, and I understand that any intentional omission or falsification of any item may be the basis for disqualification as volunteer.

I understand that before being accepted into this program an investigation into my criminal history, personal background, and references will be conducted. A personal interview will also be done.

I understand that CERT is not an official organization of Lincoln County or of any city and that I will not be covered by any insurance of any government entity while participating in training (including any and all training exercises and drills), attending meetings, or participating in emergency response activities that are requested by a governmental entity. I further understand that local governments may, but are not required to, provide workers compensation coverage for CERT volunteers when the government makes a specific request to CERT to participate in an actual emergency response activity.

Any equipment issued to me will be considered the property of the CERT team and will be returned to the team if I am no longer involved with the team.

Date

Signature