

**Orange County  
CERT  
Application**



**Training Application**

Please print clearly, or type.

Full Name

\_\_\_\_\_

Last

First

MI

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

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Fax Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Employer Name & Address (if applicable)

\_\_\_\_\_

\_\_\_\_\_

Title or Job Description

\_\_\_\_\_

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

Driver License #: \_\_\_\_\_ D.O.B: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ 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)

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

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How did you hear about CERT Training?

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Why do you want to attend CERT Training?

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

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**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.**

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Signature

Date

Mail Completed Application to;

Orange County Office of Emergency Management  
CERT  
11475 FM 1442  
Orange, Texas 77630