



Scotts Bluff County CERT Application for Membership

Date of Application: _____

Name: _____

First
Middle
Last

Other Names you have used: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell/Pager: _____

Email address: _____

- Organization Affiliation:
- Neighborhood Watch
 - Volunteers in Policing (VIPS)
 - Fire Corps/Fire Services _____
 - EMS/Hospital Services _____
 - Volunteer Organization (i.e., Red Cross, Salvation Army, Churches, etc.)
 - Other: _____

Personal Information			
Date of Birth: _____	Social Security No.: _____		
Driver's LIC No.: _____	State: _____	Expiration Date: _____	
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>			
Ethnicity: Hispanic or Latino Yes <input type="checkbox"/> No <input type="checkbox"/>			
Race: American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Island <input type="checkbox"/> White <input type="checkbox"/>			
Scotts Bluff County CERT does not discriminate on the basis of race, color, national origin, gender, marital status, disability, or age in admission or access to its programs and activities. This information is only for use on the background check.			

Place of Residence (past five year)				
Address	City	State	Zip	Dates
				From: To:
				From: To:
				From: To:
				From: To:
				From: To:



Scotts Bluff County CERT Application for Membership

Work Experience (past five year)				
Company Name & Phone	Address/City/State/Zip	Position Held	Dates of Employment	Reason for Termination
			From: To:	
			From: To:	
			From: To:	
			From: To:	
			From: To:	

Volunteer Experience				
Name of Organization & Phone	Address	Position Held	Dates of Service	Contact Person

Special Skills (machines/equipment), Training or job-related training, and/or Languages spoken/written

Three (3) Personal/Professional References (non-related) Who are familiar with your professional qualifications and characteristics?				
Name of Person	Address	Phone	How long Known	Relationship



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List any professional trade, business or civic activities and offices held.

Questionnaire Portion		
Questions	Yes	No
1.) Because of the nature of this work, we are required to do a background check on each person applying for consideration in to the CERT program. Do you have any objections? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
2.) Have you ever had your driver's license suspended, denied or revoked? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
3.) Have you ever been charged with or convicted of a crime, excluding traffic citations? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
4.) Have you ever been placed on court probation as an adult? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
5.) Were you ever required to appear before juvenile court for an act, which would have been a crime if committed by an adult? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
6.) Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?	<input type="checkbox"/>	<input type="checkbox"/>
7.) Please explain briefly why you are interested in becoming a member of Scotts Bluff County CERT?		
8.) Please explain what skills and abilities that you would bring to the team as a member of Scotts Bluff County CERT.		



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9.) Please give any additional information that you think is pertinent to help qualify you for membership in Scotts Bluff County CERT.

Applicant's Statement

I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for membership and may result in my dismissal from the team if discovered at a later date.

I authorize the investigation of any or all statements in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a decision about my membership in Scotts Bluff County CERT. I release such persons and organizations from any legal liability in making such statements.

I understand that this application, verbal statements by management, or subsequent membership does not create an express or implied contract for membership nor guarantee membership for any definite period of time. Only management of this program has the authority to enter into an agreement of membership for any specified period and such agreement must be in writing, signed by the Board of Directors and the member. If selected for membership, I understand that I have been selected at the will of the sponsoring agencies and my membership may be terminated at any time, with or without reason and with or without notice.

I have read, understand and by my signature consent to these statements.

Signature of Applicant

Date

Applications can be mailed to:
Scotts Bluff County CERT
2405 Avenue B
Scottsbluff, NE 69361

For CERT Team Use Only

Date Returned: _____			
Background Check Completed	<input type="checkbox"/>	Date: _____	Initials: _____
Reference Check Completed	<input type="checkbox"/>	Date: _____	Initials: _____
Database Information Completed	<input type="checkbox"/>	Date: _____	Initials: _____
Incident Command IS-100 Completed	<input type="checkbox"/>	Date: _____	Initials: _____
Standard Operating Guidelines Signed	<input type="checkbox"/>	Date: _____	Initials: _____
Dues Paid	<input type="checkbox"/>	Date: _____	Initials: _____
Equipment Issued	<input type="checkbox"/>	Date: _____	Initials: _____