

GLENDALE HEIGHTS POLICE DEPARTMENT

Community Emergency Response Team (CERT) Application

Applicant must be 18 years of age or older to participate in the Community Emergency Response Team (CERT). Applicant must live or work in Glendale Heights, have a valid Illinois driver's license and no prior felony convictions. All responses must be printed in black ink or typed. Use additional sheets of paper if more space is needed. *Completed applications can be mailed to, or dropped off at the Glendale Heights Police Department – Attn: Roy Charvat, Emergency Management Coordinator

APPLICANT INFORMATION

Date: _____
Name, Last: _____ First: _____ Middle: _____
Maiden: _____ Other (nick name(s), etc.): _____
DOB: _____ Age: _____ S.S. No.: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: (____) _____ Cell Phone: (____) _____
E-Mail (home): _____

OCCUPATION INFORMATION

Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Business Phone: (____) _____
Your Position: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

MISCELLANEOUS INFORMATION

Please answer the following questions and provide explanations where indicated. **Note: Applicant(s) convicted of a felony are ineligible to attend.**

1. Have you ever been arrested for a crime other than a traffic offense(s)? Yes No
If yes, please explain with disposition(s) and date(s): _____

2. Do you have a valid driver's license? Yes No
Driver's License Number: _____

3. Are you 18 years of age or older? Yes No

4. Do you have any needs that require special accommodation(s) in order for you to participate in this program? Yes No
If yes, please explain: _____

5. Do you have any allergies? Yes No

If yes, please explain: _____

6. How did you hear about CERT? _____

7. Do you know someone who has already gone through CERT training before? Yes No

If yes, please list whom and when: _____

8. Do you know any police officers, firefighters, or emergency management personnel? Yes No

If yes, please list name(s) and department(s): _____

9. Have you ever applied to attend CERT training before? Yes No

If yes, please indicate date(s) of application, date(s) of attendance (if applicable), and provide explanation/reason for not attending (if applicable):

10. Are you interested in emergency services as a career? Yes No

If yes, please explain why and if you have taken any steps to become involved in an emergency services career (college courses, ride-a-longs, etc.):

11. Please state why you are interested in becoming a member of CERT?

12. Please list all community activities you participate in, any organization(s) and/or association(s) you are a member of, etc.:

I hereby certify that there are no willful falsifications, omissions, or misrepresentations in the foregoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection of my application and/or termination of my participation in the Glendale Heights Police Department CERT Training Course. I hereby grant permission for the Glendale Heights Police Department to verify the above information contained in this application and check for/verify any prior criminal history.

Applicant Signature

Date