



St. Clair County CERT Application

200 Grand River
Suite: #204
Port Huron, MI 48060
810-989-6965
810-966-2967 fax

Name	Middle Name Required		
Address		Phone	
City/State		Zip	
Date of Birth		Cell Phone	
Driver License Number			
Email 1		Email 2	
Place of Employment			
Address		Phone	
May we contact your employer?			Yes No
<i>List the position you are interested in and any skills you may have.</i>			
Have you had any medical history which would limit or prevent you from taking part in any physical exertion?			Yes No
I AGREE TO SUBMIT: To a records search by a law enforcement agency in order to determine if I have any serious criminal record or driving record. ALL INFORMATION WILL BE KNOWN TO LAW ENFORCEMENT ONLY.			Yes No
FURTHER: I will submit, if required, to fingerprinting and photographing. I understand that I will be operating a completely voluntary capacity. I agree that I will not hold the St. Clair County Office of Emergency Management and/or the County of St. Clair, Michigan, liable for any injuries to me, or any actions taken against me, in pursuit of such voluntary activities.			Yes No
Date			
Signature:			
Approved By:	Office of Emergency Management		