



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			