



HALIFAX COUNTY EMERGENCY SERVICES

Halifax County Community Emergency Response Team (CERT)

REGISTRATION

LAST NAME		FIRST NAME		MIDDLE INITIAL
PHYSICAL ADDRESS		CITY, STATE, ZIP		PRIMARY PHONE NUMBER
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		DATE OF BIRTH	SECONDARY PHONE NUMBER	
EMAIL ADDRESS			PLACE OF EMPLOYMENT	
EMERGENCY CONTACT (NAME)			EMERGENCY CONTACT (PHONE)	
ARE YOU A MEMBER OF ANY OF THE FOLLOWING: <input type="checkbox"/> Fire or EMS Department <input type="checkbox"/> Law Enforcement Agency <input type="checkbox"/> Active or Reserve Military Unit <input type="checkbox"/> Disaster Relief Organization <input type="checkbox"/> Medical Reserve Corps				
Please list any formal emergency training or certification you may have:				
For safety purposes, please list any special needs or limitations you may have:				
Why would you like to complete the CERT Training Program?				COURSE DATE
Would you be available for deployment to local disasters? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you participated in a CERT program in another location? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____		
NOTICE OF BACKGROUND CHECK By signing below, I acknowledge that my participation in CERT requires that a criminal background/sex offender check be completed by the Halifax County Emergency Services Department. The results of this background check are confidential and limited to only the authorized personnel designated by the Virginia State Police.				
X _____ CERT Applicant		_____ DATE		
PHOTO RELEASE In consideration of the right of the aforementioned applicant to participate in this activity, I hereby give consent to and authorize the taking of photographs or videotapes in which the applicant may appear. I hereby waive all right of privacy in and to any said pictures or videotapes.				
X _____ CERT Applicant		_____ DATE		
SEND COMPLETED REGISTRATION TO: HALIFAX COUNTY EMERGENCY SERVICES ATTN: CERT P.O. BOX 699 HALIFAX, VA 24558 FAX TO (434) 476-3384 EMAIL TO halifaxcocert@gmail.com				
OFFICE USE ONLY				
DATE RECEIVED	BACKGROUND CHECK STATUS:		COURSE COMPLETION DATE:	
	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED DATE: ___/___/___			