



Keller Community Emergency Response Team (CERT) Application

Please print information as it appears on your government issued ID!!

Name

(First)

(Middle)

(Last)

Address _____ City _____ State ___ Zip Code _____

Home Phone Number _____ Business Phone Number _____

Alternate Number _____ Emergency Contact _____
(Name and phone number)

Email Address _____ Driver License # _____
(Include State Issued by)

Date of Birth (mm/dd/yyyy) _____ Shirt Size XS S M L XL XXL

I understand by signing below that the information above will be verified and a background check completed by Keller Fire-Rescue and/or the Keller Police Department for the purposes of checking my criminal history record so that I **MAY** be selected to participate in the Keller Community Emergency Response Team (CERT) program.

I also understand my criminal history background **MAY** disqualify me from being selected to participate in the CERT program. By signing below, I give my consent to Keller Fire-Rescue and/or the Keller Police Department to check my criminal history record for the purpose of being selected to attend the CERT program. This information will remain confidential and will not be used for any other purposes.

Signature

Date

**Submit application to Keller Fire-Rescue, 110 W Vine Street, Keller, Texas 76248.
Contact the Keller Fire-Rescue at (817) 743-4400 with any questions.**