# 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 #**_____

            **(Print clearly)**                             (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, PO Box 770 Keller, TX 76244.**
**Contact the Keller Fire-Rescue at (817) 743-4400 with any questions.**