



**GEARY COUNTY  
CERT APPLICATION**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**1) Briefly tell us why you are interested in the CERT Program.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2) Have you had any CPR training? If yes, certification expiration date:** \_\_\_\_\_

**3) Volunteer Experience:** \_\_\_\_\_  
\_\_\_\_\_

**VERIFICATION AND CONSENT FOR REFERENCE AND BACKGROUND CHECK**

**I verify that the above information is accurate to the best of my knowledge. I give Geary County Emergency Management permission to inquire into my educational background, references, licenses, police records and employment and/or volunteer history.**

**I hold the Geary County Emergency Management harmless of any liability, criminal or civil, that may arise as a result of the release of this information. I also hold harmless any individual or organization that provides information to the above named agency. I understand that Geary County Emergency Management will only use this information as part of its verification of my volunteer application for CERT.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Return to:**

**Geary County Emergency Management  
236 E. 8<sup>th</sup> Street  
Junction City, KS 66441**