

Whitfield County Community Emergency Response Team
Whitfield County EMA
Registration Form



A criminal background check will be conducted. A copy of your Driver's License or State Issued ID must be returned with your registration form. We can make a copy if necessary.

PLEASE PRINT CLEARLY

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

DOB: _____ Sex _____

Home Phone: _____ Mobile Phone: _____

Occupation: _____ Employer: _____ Phone: _____

Email Address: _____

Are you currently or have you ever been employed or volunteered for a Public Safety Agency? **YES** ___ **NO** ___

If yes which one(s)? _____

Please explain any disaster-related training or experience you have had. _____

Are you a licensed Amateur Radio Operator? **YES** ___ **NO** ___ Call Sign: _____ Class: _____

Are you a licensed: **Medical Doctor** ___ **Nurse** ___ **Paramedic** ___ **EMT** ___ **1st Responder** ___ **Other** _____

Excluding traffic tickets, have you ever been convicted of a crime? **YES** ___ **NO** ___

If yes explain _____

Why are you interested in attending the Community Emergency Response Team (CERT) training?

Do you have any medical condition(s) that would hamper any hands-on activities? (This will not hinder your ability to participate in the program.) **YES** ___ **NO** ___

I authorize investigation of all statements contained in this application for the CERT Training Program.

Signature: _____ Date: _____

Please return to:
Whitfield County EMA
Attention: CERT Program
804 Professional Blvd.
Dalton, GA 30720

or complete scan and email: CERT@whitfieldcountyga.com



GEORGIA CRIME INFORMATION CENTER (GCIC) CRIMINAL HISTORY RECORD INFORMATION CONSENT FORM

I hereby authorize **WHITFIELD COUNTY** to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia with the understanding that the results may be used to make a decision affecting my ability to volunteer for the CERT program.

Full Name (printed)

Address

City

State

Zip Code

Sex

Race

Date of Birth

Social Security Number

Signature

Date