



**WALKER COUNTY**  
COMMUNITY EMERGENCY  
RESPONSE TEAM (CERT)  
Volunteer's Applicant Data



All applications must be completed and returned to Walker County Emergency Management in order to be considered.

NAME (LAST, FIRST, MIDDLE):	DATE OF BIRTH:	DATE OF APPLICATION:
MAILING ADDRESS:	ZIP CODE:	HOME PHONE:
HOME ADDRESS:		CITY OF RESIDENCE:
PLACE OF EMPLOYMENT:	OCCUPATION:	WORK PHONE:
MEMBERSHIPS IN COMMUNITY GROUPS, CIVIC ORGANIZATIONS, ETC.:		CELL PHONE:
HOW DID YOU HEAR ABOUT THE CERT VOLUNTEER PROGRAM?	EMAIL:	
WHAT IS YOUR OBJECTIVE IN ENROLLING IN THE WALKER COUNTY CERT VOLUNTEER PROGRAM AND WHY SHOULD YOU BE CONSIDERED FOR THE PROGRAM?		

If you are accepted as a volunteer, you will receive instruction and educational materials related to the CERT mission of Walker County Emergency Management. As such, some of the material presented will be privileged, or confidential, in nature. Due to the sensitivity of this information, it is necessary for the Walker County Sheriffs Office to conduct background checks to determine the suitability of those persons desiring to apply. Please answer the following questions accurately and completely as possible. Any intentional misrepresentation or omission of facts will be grounds for denial of admission to the program. A criminal history check will be made on all persons enrolling in the Walker County CERT Program.

**DO YOU GO BY ANY OTHER NAMES OR ALIASES NOW OR HAVE YOU IN THE PAST? IF YES, EXPLAIN (Do NOT include maiden name unless used in past 5 years)**  
\_\_\_\_ YES      \_\_\_\_ NO

**ARE YOU A MEMBER OF, OR HAVE YOU EVER AFFILIATED WITH A LAW ENFORCEMENT, FIRE DEPARTMENT OR EMS AGENCY? IF YES, EXPLAIN:**  
\_\_\_\_ YES      \_\_\_\_ NO

**HAVE YOU LIVED OUTSIDE THE UNITED STATES (OR IT'S TERRITORIES) IN EXCESS OF 90 DAYS? IF YES, EXPLAIN: (DO NOT INCLUDE MILITARY SERVICE OVERSEAS)**  
\_\_\_\_ YES      \_\_\_\_ NO

**HAVE YOU EVER BEEN CONVICTED OF A FELONY OR ARE YOU CURRENTLY ON PROBATION/PAROLE FOR ANY OFFENSE? IF YES, EXPLAIN:**  
\_\_\_\_ YES      \_\_\_\_ NO

**NAME AND TELEPHONE NUMBER OR PERSON TO CONTACT IN AN EMERGENCY**  
\_\_\_\_

**APPLICANT MUST COMPLETE THE FOLLOWING:**

\_\_\_\_ (printed name) hereby acknowledges that I have completed the above application completely and accurately to the best of my knowledge. I also acknowledge that the Walker County Sheriffs Office will be conducting a background investigation on me to determine my stability for admission to this program. Permission is hereby granted to conduct a background investigation based on the information given in this application.

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_

**Mail or deliver your completed application to:**

Walker County Emergency Management, 344 Hwy 75 North, Suite 200 Huntsville, Texas 77320

**For Questions telephone:**

Walker County Emergency Management, 936\*435-8786 (Phone)

936\*435-8797 (Fax)

**Email application to:**

Email: [iconnell@co.walker.tx.us](mailto:iconnell@co.walker.tx.us)