



**APPLICATION TO PARTICIPATE IN  
COMMUNITY EMERGENCY RESPONSE TEAM PROGRAM**

PULASKI COUNTY  
DEPARTMENT OF EMERGENCY MANAGEMENT  
143 3<sup>rd</sup> Street NW  
Pulaski, Virginia 24301  
(540) 994-2574

**APPLICANT INFORMATION**

FULL LEGAL NAME: \_\_\_\_\_  
Last First Middle

COMPLETE MAILING ADDRESS: \_\_\_\_\_  
Street Apt #/PO Box

\_\_\_\_\_ City State Zip

CELL PHONE # \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

LENGTH OF TIME AT CURRENT ADDRESS: \_\_\_\_\_ MONTHS \_\_\_\_\_ YEARS

IF YOU LIVE IN PULASKI COUNTY, WHAT AREA? \_\_Fairlawn \_\_Dublin \_\_Pulaski  
\_\_Hiwassee \_\_Snowville \_\_Draper \_\_Newbern \_\_Parrott/Belspring

PLEASE LIST ALL ADDRESSES WITHIN THE LAST THREE YEARS (IF CURRENT ADDRESS IS LESS):

\_\_\_\_\_ Street City State Zip

\_\_\_\_\_ Street City State Zip

ARE YOU AT LEAST 18 YEARS OF AGE? \_\_\_\_\_ Yes \_\_\_\_\_ No (IF NO, YOUR AGE \_\_\_\_\_)

**EMPLOYMENT/SCHOOL INFORMATION**

PRESENT EMPLOYER/SCHOOL: \_\_\_\_\_

OCCUPATION (Optional): \_\_\_\_\_



ADDRESS: \_\_\_\_\_  
Street Apt #/PO Box

\_\_\_\_\_ City State Zip

PHONE # \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

NAME: \_\_\_\_\_  
Last First Middle RELATION

ADDRESS: \_\_\_\_\_  
Street Apt #/PO Box

\_\_\_\_\_ City State Zip

CELL PHONE # \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

ALTERNATE PHONE # \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**PROGRAM INFORMATION**

ARE YOU ATTENDING THE PULASKI COUNTY CERT TRAINING PROGRAM AS?

\_\_\_\_ AS A PULASKI COUNTY RESIDENT

\_\_\_\_ AS A TOWN OF DUBLIN OR TOWN OF PULASKI RESIDENT?

\_\_\_\_ AS A RESIDENT OF A SURROUNDING LOCALITY THAT DOES NOT HAVE A CERT PROGRAM

**PREVIOUS TRAINING**

HAVE YOU HAD PREVIOUS EXPERIENCE WITH ANY OTHER FIRE, RESCUE, EMS OR CERT PROGRAM or ORGANIZATION? \_\_\_\_ Yes \_\_\_\_ No

IF SO, PLEASE LIST:

\_\_\_\_\_  
Name City State

\_\_\_\_\_  
Name City State

\_\_\_\_\_  
Name City State



**LIST ANY CURRENT AFFILIATIONS/ORGANIZATIONS:** \_\_\_\_\_

**CHECK ANY CURRENT CERTIFICATIONS HAVE YOU OBTAINED (ADD ANY NOT LISTED):**

\_\_\_\_ CPR \_\_\_\_ CPR INSTRUCTOR \_\_\_\_ FIRST AID \_\_\_\_ EMT \_\_\_\_ RED CROSS TRAINING  
\_\_\_\_ AMATEUR RADIO \_\_\_\_ INCIDENT COMMAND \_\_\_\_ FEMA/EMI \_\_\_\_ OTHER CERT  
TRAINING

OTHER \_\_\_\_\_

**HOW DID YOU FIND OUT ABOUT THE PULASKI COUNTY CERT PROGRAM?**

\_\_\_\_ Graduate/Attendee \_\_\_\_ Friend \_\_\_\_ Staff Member \_\_\_\_ Newspaper  
\_\_\_\_ Public Event \_\_\_\_ Radio \_\_\_\_ Television \_\_\_\_ Neighborhood Fire Station  
\_\_\_\_ Website/Internet \_\_\_\_ Publication/Flyer/Brochure \_\_\_\_ Other (Please Explain)

**DO YOU HAVE ANY CONDITIONS (SPECIAL, MEDICAL, OR OTHER) THAT THE DEPARTMENT OF EMERGENCY MANAGEMENT SHOULD BE AWARE OF?**

**AFFIRMATION**

By my signature below I hereby certify that the information provided by me on this application and all documents accompanying this application are true and accurate. I understand that falsifying any of this information is grounds for non-acceptance and/or dismissal from the Pulaski County CERT program. Further, I understand that enrollment in this program is on a first-come; first-served basis until the course enrollment is full and that I will not be allowed to graduate unless I have attended all courses in this program. I understand that if I withdraw from the program for any reason all CERT supplies provided to the participant must be returned to Pulaski County.

I understand that a background and driving record check will be completed by Pulaski County. As a representative of Pulaski County, you maybe subject to drug testing.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_