

**Cass-Clay County CERT**  
**Application Form**

**Return to:** FirstLink, Attn: Sara, PO Box 447, Fargo, ND 58107 or fax to  
(701) 235-2476

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

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **email:** \_\_\_\_\_

**List Current or past civic/community organization affiliation/s:** \_\_\_\_\_  
\_\_\_\_\_

**Place of employment:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**\*Social Security Number:** \_\_\_\_\_

*\*Required for Work Force Safety & Insurance*

**Why are you interested in CERT training?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list any physical limitations (problems with lifting, physical exertion, etc.):**  
\_\_\_\_\_  
\_\_\_\_\_

**Have you been convicted of a felony?** \_\_\_\_\_ **If yes, please explain:** \_\_\_\_\_  
\_\_\_\_\_

**Emergency contact Information:**

**Name:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State/Zip** \_\_\_\_\_

*The above information is, to the best of my knowledge, complete and accurate. I also understand a back ground check maybe performed.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Application is not valid without signature; all lines completed and return of a signed Informed consent waiver and release of liability agreement)*

**The Cass County Citizen Corp reserves the right**  
**to accept or reject any CERT applications**