



## CERT Membership Application

APPLICATION DATE: \_\_\_\_\_

**INSTRUCTIONS:** *Please print in ink. All questions must be answered.*

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### PERSONAL INFORMATION:

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ ADDRESS LINE 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

ARE YOU OVER 18 YEARS OF AGE? \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

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### EMERGENCY CONTACT INFORMATION:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ ADDRESS LINE 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ SECONDARY PHONE: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ SPOUSE'S NAME: \_\_\_\_\_

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### MEDICAL INFORMATION:

PREFERRED HOSPITAL: \_\_\_\_\_ DOCTOR: \_\_\_\_\_

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### DRIVER AND VEHICLE INFORMATION:

*This information is required prior to Membership.*

DRIVERS LICENSE NO. \_\_\_\_\_ ISSUING STATE: \_\_\_\_\_

CLASS: \_\_\_\_\_ VEHICLE TAG: \_\_\_\_\_ ISSUING STATE: \_\_\_\_\_ YEAR: \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

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**PERSONAL REFERENCES:**

*Please list three persons who are not related to you and who have knowledge of your character and qualifications.*

**Reference 1**

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ ADDRESS LINE 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

PHONE: \_\_\_\_\_

**Reference 2**

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ ADDRESS LINE 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

PHONE: \_\_\_\_\_

**Reference 3**

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ ADDRESS LINE 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

PHONE: \_\_\_\_\_

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**GENERAL INFORMATION:**

ARE YOU A CITIZEN OF THE UNITED STATES? \_\_\_\_\_

IF NOT, ATTACH CERTIFICATE OF ELIGIBILITY TO WORK FROM U.S. DEPT. OF LABOR.

HAVE YOU EVER BEEN ARRESTED, CONVICTED, OR PLED NO CONTEST TO ANY VIOLATION OF THE LAW, POLICE REGULATION, OR ORDINANCE? \_\_\_\_\_

IF YES, PROVIDE DETAILS:

\_\_\_\_\_  
\_\_\_\_\_

HAVE YOUR DRIVING PRIVILEGES EVER BEEN SUSPENDED OR REVOKED? \_\_\_\_\_

IF YES, PROVIDE DETAILS:

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ARE YOU RELATED TO ANYONE PRESENTLY EMPLOYED BY THE CITY OF TREASURE ISLAND? \_\_\_\_\_

IF YES, NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF TREASURE ISLAND? \_\_\_\_\_

IF YES, PROVIDE DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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**CERTIFICATION – PLEASE READ CAREFULLY:**

I certify that there are no misrepresentations, omissions, or falsifications in the statements and answers on this application and that all foregoing entries are true, complete, and correct to best of my knowledge.

I hereby authorize the Treasure Island CERT to verify all information contained herein, and I am in good physical condition and able to perform the duties of a CERT member. I agree to respond to emergency call-outs when needed and to attend scheduled drills and meetings of the Treasure Island CERT unless otherwise excused.

I agree to abide by the By-laws of the Treasure Island CERT. Upon termination from membership with the department, I agree to return all property of the Treasure Island CERT and the City of Treasure Island property in good condition and within ten (10) days of separation.

I further understand and agree in advance that I may be summarily discharged if any of the information provided by me contains any misrepresentations or falsifications or if any material information has been omitted.

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SIGNATURE OF APPLICANT

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DATE SIGNED