



# Springdale Fire Department

417 Holcomb St.  
Springdale, AR 72764  
Phone: (479)751-4510  
Fax: (479)750-8104

## Community Emergency Response Team (CERT) Application

**Date:**

**Name:**

**Other Names you have used:**

**Community you live in:**

**Physical Address:**

**City:**

**State:**

**Zip Code:**

**Mailing Address (if different):**

**City:**

**State:**

**Zip Code:**

**Primary Phone:**

**Secondary Phone:**

**E-mail Address:**

### Personal Information

*This information is used for the sole purpose of Background Checks*

**Date of Birth:**

**Race:**

**Sex:**

**Driver's License #:**

**State:**

**Expiration Date:**

**Applicant Questionnaire**

<b>Question</b>	<b>YES</b>	<b>NO</b>
1. Because of the nature of this work, we are required to do a background check on each person applying for consideration to the CERT program. Do you have any objections?		
3. Have you ever been charged with or convicted of a crime, excluding traffic citations? If yes, please explain.		
4. Have you ever been placed on court probation as an adult? If yes, please explain.		
5. Were you ever required to appear before a juvenile court for an act, which would have been a crime if committed by an adult? If yes, explain.		
6. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? If yes, please explain.		
7. Do you have any medical condition, including but not limited to allergies, which would require special consideration during your training? If yes, please explain.		

**Applicant's Statement**

I certify that all information in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteering and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a decision about my volunteering. I release such persons and organizations from any legal liability in making such statements.

I have read, understand and by my signature consent to these statements.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date Signed

*This Section for use by Springdale Fire Department Personnel Only*

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

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Reason: \_\_\_\_\_

Signature: \_\_\_\_\_

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