



# Benton County CERT Course Application



All information will be treated confidentially. Please answer all questions as completely as possible.

## PERSONAL INFORMATION

Last Name:		First Name:		
Address:		City/State:		Zip Code
Home Phone:	Cell Phone:	Work Phone:		E-mail:

## EMERGENCY CONTACT

Name:		Relationship:		Notes:
Day Phone:			Evening Phone:	

## Drivers License

License Number:	Expiration:
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Briefly tell us why you would like to take the CERT Program:

Please list any previous experience:

Please indicate if you want to be a team member: (yes or no)

## References

Name:	Type:	Phone:	Email:
Name:	Type:	Phone:	Email:
Name:	Type:	Phone:	Email:

## COMMENTS:

By signing and dating below, you certify the information you are submitting to be complete and accurate.

Candidates's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete and return to: [bema@bentoncounty.in.gov](mailto:bema@bentoncounty.in.gov) Address: 604 E. 2nd St. Suite B, Fowler In 47944  
Phone: 765-884-1359 Fax: 765-884-2063