

Shawnee County



# Community Emergency Response Team

A branch of the Citizen Corps

Operating under the Shawnee County  
Department of Emergency Management  
200 SE 7<sup>th</sup>  
Topeka, Kansas 66603

**Training and Membership Application**

*Please Print Clearly*

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell/Mobile \_\_\_\_\_

Other \_\_\_\_\_

E Mail 1 \_\_\_\_\_

E Mail 2 \_\_\_\_\_

**Current Employer Information**

Employer Name & Address \_\_\_\_\_

Job Title or Description \_\_\_\_\_

*(Please circle your answer and fill in the blanks if applicable below) Answers do not automatically disqualify applicants*

Date of Birth \_\_\_\_\_ I have a current Valid Driver's License YES NO

Are you currently a citizen of the United States? YES NO If No please list your country of citizenship \_\_\_\_\_

Have you ever been arrested? YES NO If so when? \_\_\_\_\_ What state? \_\_\_\_\_

If so please indicate the alleged or convicted offense \_\_\_\_\_

This program does involve physical activity. Do you require any special accommodations to participate in this program? (Please explain)

\_\_\_\_\_

Please provide any information about your interests, community involvement, applicable training/education/certificates etc.....

\_\_\_\_\_

How did you hear about the SNCO CERT? \_\_\_\_\_

**I understand a background check may be conducted on any or all applicants. I authorize a background check on me based on this application. I give permission for any still photography or video footage in which I may appear to be used for whatever purpose deemed appropriate. I do this voluntarily and with the understanding there is no remuneration. In addition, I release any involved agencies and jurisdictions from any liability related to this training. All information on the above application is true.**

Signature

Date

Please email scanned completed applications to [SNCOCERT@gmail.com](mailto:SNCOCERT@gmail.com) or Fax them to 785.291.4904