

# COMMUNITY EMERGENCY RESPONSE TEAM



## TRAINING APPLICATION

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

Mailing

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

\_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

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

*In order to be accepted in the Community Emergency Response Team training, Dallas County requires a background check be performed for each individual. The signature below authorizes Dallas County Emergency Management Agency to obtain a routine background check for training in the Community Emergency Response Team training.*

**Signature of**

**Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*

**Class**

**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Group Affiliation:** \_\_\_\_\_

**Days and time available for training: (check all that applies)**

Monday  Mornings (8 until noon)  Weekdays only

Tuesday  Evenings (1p.m. until 5 p.m.)

Wednesday  Nights (after 6 p.m.)

Thursday  Weekends only

Friday  Anytime

Saturday **Other:** \_\_\_\_\_

Dallas Co Citizen Corps Council  
P.O. Box 987 Selma 36702-0987  
102 Church St Basement Courthouse Annex  
Fax 874-2595 office 874-2515  
glenys.dukes@dallascounty-al.org