



Dodge County Emergency Management  
Community Emergency Response Team C.E.R.T.  
Application

22 6<sup>th</sup> Street East, Dept 281  
Mantorville, MN. 55955  
(507)-635-6132

<http://www.co.dodge.mn.us/emergencymanagement.html>



Date of Application: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

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

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

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

Best Time to Contact You: \_\_\_\_\_

Describe education (type and location) you have received: (be sure to include any college, trade school, or business school you have attended and the dates).

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Describe your employment history listing employer, location and type of position you held. (List either your last three employers or last ten years employment).

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References: List three or more people not related to you that you have known for at least one year. List their names, addresses and phone numbers.

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**Please answer the following questions in order to evaluate your application for membership in the CERT program.**

Please tell us why you would like to volunteer to be a part of the CERT program:

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Please describe your work, volunteer, or life experiences that you have had that would prepare you for being a member of the program.

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What skills and abilities do you have that would be helpful to this program?

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Describe your availability for trainings and meetings on a monthly basis:

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Have you ever received any medical training? If so, please describe level in which you are trained to.

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Please list any additional information that you feel would assist in the consideration of your application.

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