



**CLARK COUNTY
EMERGENCY MANAGEMENT
AGENCY**



C.E.R.T. APPLICATION (VOLUNTEER)

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DRIVER LICENSE # _____ BACKGROUND CHECK _____ YES _____ NO _____

TELEPHONE: _____

EMAIL: _____

EDUCATION/TRAINING/CERTIFICATIONS: _____

REFERENCE/ENDORSEMENTS: _____

MAIL OR SEND TO: CLARK COUNTY EMERGENCY MANAGEMENT AGENCY

110 N. INDIANA AVENUE

SELLERSBURG, IN. 47172

LESLIE K. KAVANAGH, SR. DIRECTOR

Clark.ema@insightbb.com