



NATRONA COUNTY EMERGENCY MANAGEMENT

NATRONA COUNTY SHERIFF'S OFFICE

201 North David Street Casper, Wyoming 82601

307-235-9205

ncema@natronacounty-wy.gov

307-235-9252 FAX

Gus O. Holbrook
Sheriff

Stacia Hill
Coordinator

Mark C. Sellers
Under Sheriff

Michael Cavalier
Deputy Coordinator

NATRONA COUNTY VOLUNTEER CREDENTIALLED CERT TEAM APPLICATION

The information provided will be held in strict confidence, used for the purpose of determining suitability to the Natrona County CERT program, and for maintaining an individual volunteer file. The Natrona County Sheriff's Office is not obligated to accept volunteer services, and the final discretion for acceptance into the program will be with the Natrona County Sheriff or designee.

Applicants are required to be a minimum of 18 years of age at time application, have been a resident of Natrona County for at least 1 year, and have not been convicted of a felony crime. Applicants are required to submit to a drug screen. Upon acceptance, a Natrona County CERT team member's status is subject to continued review.

Please completely fill out the application and submit to the Natrona County Sheriff's Office, Emergency Management Division located at 201 N. David St., 2nd Floor, Casper, WY 82601.

Today's date: _____

Personal Information:

Name: _____
(First) (Full Middle) (Last)

Date of Birth: _____

Social Security Number: _____

*Note: Your social security number is needed for worker's compensation and to conduct a background check.

Wyoming Driver's License Number: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Blood Type: _____ Medication Allergies: _____

Home address: _____

Mailing address: _____

If you have been at the above address for less than 1 year, please list a previous address: _____

Home phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone Provider: _____

Email: _____

How long have you been a resident of Natrona County: _____

Employer: _____ for how long: _____

Please list the vehicles(s) you intend to use for CERT operations:

| Vehicle | Insurance Company | Policy Number |
|---------|-------------------|---------------|
|---------|-------------------|---------------|

1: _____

2: _____

3: _____

Are you available for training/meetings: Weekday _____ Weekend _____

Are you available for emergency call outs: _____

Do you have a criminal record: _____ if yes, please explain: _____

Do you have any physical or medical limitations: (if yes, please explain)?

*Note: This information is needed to determine appropriate assignment within the team.

Emergency Contact Information:

Name: _____
(First) (Full Middle) (Last)

Mailing address: _____

Home phone: _____ Work Phone: _____

Cell Phone: _____

CERT Information:

Why do you want to join the CERT program: _____

Do you have any previous CERT Team experience (if yes, please explain): _____

List any related training or classes that you have successfully completed and can provide documentation/certificates: _____

Application Submission:

The undersigned states the above information is true and correct. Any falsification of information is cause for denial of application. I further understand the information provided in this application will be used for a background investigation to determine eligibility.

Applicants Signature: _____ Date: _____