



**Membership Application**  
**Please Print Clearly**

Name \_\_\_\_\_ Team \_\_\_\_\_  
(First) (Middle) (Last) (If applicable)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer \_\_\_\_\_ Title/Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Business Phone Number \_\_\_\_\_

Cell Phone Number & service (i.e. verizon, t-mobile) \_\_\_\_\_  
(Number) (Service)

Emergency Contact \_\_\_\_\_  
(Name) (Phone)

Driver License # \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

(Include State Issued by)

**Please list any previous training that you may have had, including First Aid, CPR, Military, Firefighting, EMS, Amateur Radio, Red Cross etc.,**

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I am making an application to the Baltimore City Community Emergency Response Team (CERT). By my signature I authorize the Baltimore Police to conduct a Background check, to include a criminal history. This information will remain confidential to the Baltimore Police Department and the Mayors Office of Emergency Management.  
I also certify that the information supplied by me is true to the best of my knowledge.  
I further give permission for any still photography or video footage in which I may appear to be used for any purpose deemed appropriate. I do this voluntarily and with the understanding there is no remuneration.

\_\_\_\_\_  
Signature Date

**Submit application to the Mayors Office of Emergency Management, Attn: CERT Program, 1201 E. Cold Spring Lane Baltimore, MD 21239**

**Contact Kevin Cleary with any questions at 410-396-6188 or email CERT@baltimorecity.gov**

Visit the CERT website at [baltimorecityCERT.com](http://baltimorecityCERT.com)