



**CITY OF TUPELO  
CERT APPLICATION**

**NAME:**

**DATE OF BIRTH:**

**ADDRESS:**

**EMAIL:**

**CELL PHONE:**

**WORK PHONE:**

**DO YOU HAVE**

- | <b>1. MEDICAL TRAINING</b>       | <b>YES</b> | <b>NO</b> | <b>TYPE</b> |
|----------------------------------|------------|-----------|-------------|
| <b>2. HAM RADIO LICENSE</b>      | <b>YES</b> | <b>NO</b> |             |
| <b>3. STORM SPOTTER TRAINING</b> | <b>YES</b> | <b>NO</b> |             |
| <b>4. OTHER SPECIAL SKILLS?</b>  | <b>YES</b> | <b>NO</b> |             |

**LIST THEM HERE:**

**AVAILABILITY:**

<b>SUNDAY</b>	<b>FROM</b>	<b>UNTIL</b>
<b>MONDAY</b>	<b>FROM</b>	<b>UNTIL</b>
<b>TUESDAY</b>	<b>FROM</b>	<b>UNTIL</b>
<b>WEDNESDAY</b>	<b>FROM</b>	<b>UNTIL</b>
<b>THURSDAY</b>	<b>FROM</b>	<b>UNTIL</b>
<b>FRIDAY</b>	<b>FROM</b>	<b>UNTIL</b>
<b>SATURDAY</b>	<b>FROM</b>	<b>UNTIL</b>

I understand that in connection with the application, the City of Tupelo will conduct a background check on me. My signature below indicates I have carefully read and understand this application and consent for CERT volunteer purposes.

**Name:**

**Signature**

**Date:**