

City of Hurst Community Emergency Response Team Application

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Date of Birth (MM/DD/YYYY) _____

Driver's License # _____ State _____

Email Address _____

Social Security Number _____

Emergency Contact _____ Phone _____

Shirt Size XS S M L XL XXL

I understand that by signing below the above information will be verified and a background check completed by the City of Hurst, TX. for the purpose of checking my criminal history record. I also understand that my criminal history background **MAY** disqualify me from being selected for or continuing to participate in the Hurst Community Emergency Response Team (C.E.R.T.) program.

By signing below, I give my consent to the City of Hurst, TX. to check my criminal history record for the purpose of participating in the Hurst C.E.R.T. program. This information is to remain confidential.

Signature

Date

Submit completed application to: Hurst Fire Department
2100 Precinct Line Road
Hurst, TX 76054
Attn: Hurst C.E.R.T