City of Bedford
Community Emergency Response Team
Application

Name: _____

Address: _____

City _____ State _____ Zip _____

Business Address _____

City _____ State _____ Zip _____

Home Phone _____

Business Phone _____

Alternate Phone _____

Emergency Contact _____

Email Address _____

Drivers License # _____ State _____

Social Security # _____

Date of Birth (mm/dd/yy) _____

Shirt Size XS S M L XL XXL

I understand by signing below that the information above will be verified and a background check completed by the Bedford Police Department for the purposes of checking my criminal history record and that I **MAY** be selected to participate in the Community Emergency Response Team (C.E.R.T.) Program.
I also understand my criminal history background **MAY** disqualify me from being selected to participate in the C.E.R.T. program. By signing below, I give my consent to the Bedford Police Department to check my criminal history record for the purpose of being selected to attend the C.E.R.T. Program. This information is to remain confidential to the Bedford Police Department.

_____

Signature Date

Please complete this form and mail to:
Bedford Fire Department
1816 Bedford Road
Bedford, Texas 76021