



CASS COUNTY OFFICE OF SHERIFF

321 M-62 North, Cassopolis, MI 49031

Administration: (269)-445-8644

Dispatch: (269) 445-1560

Joseph M. Underwood, Jr.
Sheriff

Richard J. Behnke
Undersheriff

Cass County CERT (Community Emergency Response Team) Application

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone _____ Social Security Number _____

Driver's License Number _____

Are you currently employed? _____ If so, where? _____

Have you ever been convicted of a felony or misdemeanor (other than minor traffic offenses, i.e. speeding)? _____

If so, please explain, including dates of occurrence. _____

Had you had experience in the armed forces of the United States? _____

If so, what branch? _____ Job Title _____

Please describe and specialized skill or training you possess that could benefit CERT

Agreement and Understanding

I certify that the information in this application is true, complete to the best of my knowledge and understand that falsification, misleading, misrepresentation or omission of my information submitted in connection with my application, may result in rejection of my application.

Signature _____ Date _____

The Cass County Sheriff's Office, recognizing its commitment of service to all citizens, will provide professional law enforcement and crime prevention in accordance with the highest possible standards of integrity and fairness.



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CERT Volunteer - Authorization for Records Check

I hereby authorize the Office of the Sheriff of Cass County, its employees, representatives, and agents to make such investigation and inquiries of my personal, employment, medical history, driving record, criminal history, and other related matters as may be necessary to determine my suitability for participation in the Cass County Community Emergency Response Team (CERT) program. I hereby waive my rights to privacy and release employers, schools, and/or persons from any and all liability in responding to inquiries in connection with my application for this program.

In event of my acceptance to the CERT program, I understand that false or misleading information given in my application may result in discharge.

Name _____
Applicants printed name

Signature _____ Date _____

Witness _____ Date _____

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