

Village of Bensenville CERT Application

Full Name _____

Address _____

City _____ State _____ Zip code _____

Phone numbers: Home _____ Work _____ Cell _____

Date of Birth ___/___/___ Social Security Number ___-___-___

Driver's License Number _____ State in which License issued _____

Place of Employment _____ Job Title _____

List of current or past civic/community organizations

Why are you interested in CERT? _____

Please list any physical limitations:

Have you ever been convicted of a felony? _____

Emergency Contact Information

Name _____ Phone Number _____

Address _____ City _____

State _____ Zip _____

Applicant signature _____ Date _____

Please return to: Bensenville EMA, 100 N. Church Rd., Bensenville, IL 60106.

Phone -630- 350-3461 Fax- 630-594-1044