



City of Olive Branch Community Emergency Response Team Membership Application

Last Name: _____

First Name: _____

Address: _____

Phone Number: _____

Email: _____

Driver's License Number: _____ State: _____

Date of Birth: _____

Excluding traffic tickets, have you ever been convicted of a crime? YES _____ NO _____

**Why are you interested in attending the Community
Emergency Response Team (CERT) for the City of Olive
Branch?** _____

**Do you have any medical Conditions that would prevent you
from joining the CERT team? Yes _____ No _____**

I authorize investigation of all statements contained in this application for the CERT Training Program. This application shall be active or a period of one year.

Signature: _____ **Date:** _____

Mail to: Olive Branch Fire Department

c/o Brad Waldrip

9245 Pigeon Roost Rd

Olive Branch, MS 38654