LACY LAKEVIEW POLICE DEPARTMENT
COMMUNITY EMERGENCY RESPONSE TEAM (CERT)
APPLICATION

Name: _____
Last first middle

Date: _____ Home telephone:_____

Work telephone:_____Cell Number:_____

Address:_____

Date of Birth:_____Place of Birth_____

Gender: _☐_Male _☐_Female

Email address: _____

SS#_____Driver's License #_____

Physical Condition: Excel:☐___Good☐___Fair☐___Poor☐_____

Why do you wish to attend the CERT Program?

How did you hear about the CERT Program?

Give the name and address of two character references:

1._____

2._____

Application may be mailed or delivered to:

Lacy Lakeview Police Department
P.O. Box 154549
Waco, Texas 76715-4549
Attention: Chief Dennis A. Stapleton
Office: (254) 799-2479 Fax: (254) 799-8790
Web: lacy-lakeview.org
Email: dennis_stapleton@lacy-lakeview.org