



ATLANTA CITIZENS EMERGENCY RESPONSE TEAM PROGRAM APPLICATION

APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

Name: <u>Last</u>		<u>First</u>		<u>MI</u>	Date of Birth:	Sex:
Current address:					Phone/Cell#:	
City:			State:		Zip Code:	
Email address:					Last 4 Digits Social Security#:	
Do you consent to a Background Check? Y___ N___			Have you attended the Atlanta Citizens Fire Academy? When?			
Drivers License #:		State :		Expiration Date:		
If there is no class availability, would you like to be placed on a waiting list? Y___ N___			Occupation:		Job Title:	
Shirt size: ___S, ___M, ___L, ___XL ___XXL			Do you have any condition(s) or physical disabilities we need to be aware of, if so, please list:			

EMERGENCY CONTACT (PLEASE COMPLETE ALL SECTIONS)

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

SIGNATURE

I certify all of the information on this application is true and accurate.

Signature of applicant:	Date:
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This application should be completed and returned [to vvjackson@atlantaga.gov](mailto:vvjackson@atlantaga.gov). You may also hand deliver or mail your application to 407 Ashwood Ave. SW, Atlanta, GA 30315.

The Atlanta Fire Rescue Department reserves the right to accept or reject any inaccurate or incomplete application for the Atlanta Citizens Emergency Response Team Program. In addition, any position offered is at will and subject to termination at the ACERT program's discretion.

FOR ACERT PROGRAM MANAGER USE ONLY

Course Completion Date:	ID Badge Issued/Expiration Date:
Team Assigned To:	Issued by:
ACERT Equipment Issued Date:	
Member Signature:	