



Emergency Management
 BJ Kohlstedt, Director
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**Lake County Community Emergency Response Team (CERT)
 Membership Application**

APPLICANT NAME (for nametag): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ SHIRT SIZE: _____

PHONES: _____ Cell phone provider: _____

EMAIL: _____

DRIVERS LICENSE: _____ STATE: _____ EXPIRES: _____

DATE OF BIRTH: ____/____/____ (Required to conduct a background check.)

List three people who might provide a reference for you.

Name _____ Title _____ Phone: _____

Name _____ Title _____ Phone: _____

Name _____ Title _____ Phone: _____

Please explain why you want to be part of Lake County CERT, and what skills or resources you might bring to the team.

I hereby authorize Lake County Emergency Management Department to access my criminal history record through the Bureau of Criminal Apprehension or any other recognized law enforcement organization pursuant to MN Statute 123B.03, as a requirement of membership in Lake County CERT. This information will be held in confidence.

Signature: _____ Date: _____

Full legal name: _____

Any former or maiden name: _____

Consent expires one year from: