



MISSOURI REGION C - NORTH

APPLICATION

CERT Basic Course

Must be at least 18 years of age

Name

Organization

Position/Title

Home Address

City

Zip

Home Phone

Fax

Mobile

E-mail

Date of Birth

Do you object to a background check?

NO

YES

Refusal of a background check does not automatically eliminate you from consideration for volunteer service.

Signature _____ Date

Submit completed application by one of these methods:

Mail

5 Health Department Drive
Troy MO 63379

Fax

636-528-8629

E-mail

siefeb@lchdmo.org

Submitting this application does not guarantee a place on the training roster. An approval confirmation will be issued in writing or by e-mail prior to the training date.