

# Raytown Police Department

## Community Emergency Response Team Application

Applicants must be no less than 17 years of age. Incomplete or unsigned applications will not be considered. PLEASE TYPE OR PRINT

Full Name: \_\_\_\_\_ Race/Sex: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Day/Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License State/Number: \_\_\_\_\_ Are you a Raytown resident? \_\_\_\_\_

Are you employed, or own a business, in Raytown? \_\_\_\_\_ If yes, please provide the business's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I hereby authorize the Raytown Police Department to conduct a background check for the purpose of participating with the Raytown Police Department Community Emergency Response Team (C.E.R.T.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian, if under eighteen (18) years of age: \_\_\_\_\_ Date: \_\_\_\_\_

Notary:

Subscribed and sworn to before me the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ Notary Signature \_\_\_\_\_

**Please mail, or deliver, your completed application to:**  
**Raytown Police Department**  
**Attn: Captain Dyon Harper**  
**10000 E. 59th Street**  
**Raytown, MO 64133**

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Office use only:

Computer Records Check Date: \_\_\_\_\_ Dispatch Technician: \_\_\_\_\_

Criminal Record: (YES)\_\_\_\_(NO)\_\_\_\_ Division Commander approval: \_\_\_\_\_