



Ramsey County Sheriff's Office

Community Emergency Response Team - CERT

1411 Paul Kirkwold Drive • Arden Hills, Minnesota 55112

Phone: 651-266-7333 • Fax: 651-266-7337

www.RamseyCountySheriff.us • CERT@ramseycounty.us

CERT Academy Application

Please complete, sign and mail to:

1411 Paul Kirkwold Drive, Arden Hills MN 55112

The information requested on this application will be held confidential (except where release is authorized).

Applicant Information

Last Name		First		Full Middle		Date of Birth	
Street Address						Apartment/ Unit #	
City				State		ZIP	
Driver's License Number				E-mail Address			
Home Phone		Cell Phone			Will you be able to attend all nine sessions?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Why do you want to attend the CERT Academy?							
Have you ever worked for Ramsey County?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, where, & when?					
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>						
Have you ever been convicted of a felony, gross misdemeanor or misdemeanor?	YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain:				

Authorization, Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I authorize the Minnesota Bureau of Apprehension to disclose all criminal history information, including Predatory Offender Registry, to the Ramsey County Sheriff's Office for the purpose of application to the Community Emergency Response Training (CERT) Academy. The expiration of this authorization shall be one year from the date of my signature.

I grant the Ramsey County Sheriff's Office, its representatives, volunteers, and employees the right to take photographs/videos of me and my property in connection with the CERT Academy. I agree that the Ramsey County Sheriff's Office may use such photographs/videos of me with or without my name and for any lawful purpose, including for example, such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above.

Signature: _____

Date: _____

Are you interested in volunteer opportunities with the Sheriff's Office? Please check the appropriate box.

<input type="checkbox"/> Community Emergency Response Team (CERT)	<input type="checkbox"/> Reserve Deputy
<input type="checkbox"/> Community Affairs Officer (CAO)	<input type="checkbox"/> Mounted Patrol
<input type="checkbox"/> Chaplaincy Corps	<input type="checkbox"/> Other:



Ramsey County Sheriff's Office

Bob Fletcher, Sheriff

Public Safety Services Division

1411 Paul Kirkwold Drive • Arden Hills, Minnesota 55112

Phone: 651-266-7300 • Fax: 651-266-7306

www.RamseyCountySheriff.us • PatrolRecords@ramseycounty.us

Criminal History Informed Consent – DVS – BCA - POR

Please complete, sign, date and submit to: 1411 Paul Kirkwold Drive, Arden Hills, MN 55112

DATA PRACTICES ADVISORY

The Minnesota Data Practices Act requires you be advised of the following:

As an applicant for [employment / volunteer participant / training program / contract services / firearm recovery / or similar] with the Ramsey County Sheriff's Office you are being asked to provide private data about yourself that will be used to check various databases to determine your eligibility to participate.

You may refuse to provide this information. If you refuse the background check cannot be completed, and your application will not be processed. Providing the information will permit the background check to be completed. The result of the check may be either affirmative or negative. The data you provide may be shared with other criminal justice agencies, via court order or as otherwise authorized or required by law.

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.

SIGNATURE: _____ **DATE:** _____

PLEASE PRINT LEGIBLY – use complete name, including full middle name

APPLICANT INFORMATION

NAME (LAST, FIRST, MIDDLE, JR/SR):		BIRTHDATE:		PHONE NO.:	
MAIDEN NAME (if applicable) OR OTHER NAMES YOU HAVE USED:					
PRESENT RESIDENCE ADDRESS:		CITY/TOWNSHIP (if applicable):		STATE:	ZIP CODE:
DRIVER'S LICENSE OR STATE ID NUMBER:		ISSUING STATE:		LAST 4 Soc.Sec.:	SEX:

Pursuant to MN Statute 13.05 Subd. 4 (d) of the Minnesota Data Practices Act I authorize and give my Informed Consent and General Authorization to permit these selected agencies:

Select for each agency:

- ☐ Yes ☐ No Minnesota Driver and Vehicle Services
☐ Yes ☐ No Minnesota Department of Public Safety, Bureau of Criminal Apprehension
☐ Yes ☐ No Minnesota Bureau of Criminal Apprehension, Minnesota Predatory Offender Registry

To release and make available to the Ramsey County Sheriff's Office Records Unit and/or its agents and/or representatives, data classified as private by MN Statute 13.02, Subd 12, except medical and psychological data, which data concerns me, and which may be in your possession. The data, which I authorized to be released, consists of private data that has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. Authorization is given to release ALL DATA which has been collected, created, received or retained in whatever form which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting the Ramsey County Sheriff's Office Training Unit to have access to this data is to determine my suitability for employment with the department, and to verify records and other information, which I have provided to them.

I hereby authorize and grant my informed consent to permit you to make photocopies for the Ramsey County Sheriff's Office Training Unit of all private data, which concerns me and is in your possession.

I hereby release the Minnesota Bureau of Criminal Apprehension and the RAMSEY COUNTY SHERIFF'S OFFICE from any and all actions and causes of action of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration date, cancel the written authorization by providing written notice to the department or to you of that fact.

SIGNATURE: _____ **DATE:** _____