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

Office use only:

Computer Records Check Date:_____ Dispatch Technician:_____

Criminal Record: (YES)____(NO)____Division Commander approval:_____