

## **CERT Council Member Application**

**Name:**

**Submission Date:**

**CERT ID# :**

**Please respond to each of the following questions in two paragraphs or less. All fields are required.**

1. Why do you want to become a CERT Council member?
2. What leadership qualities will you bring to the Chandler CERT Council?
3. What changes would you like to make to the Chandler CERT program?
4. How much time can you spend per week on CERT Council duties?  
(Note: must be a minimum of 5 hours per week)

Send completed application to [Certchair@chandlertcert.org](mailto:Certchair@chandlertcert.org)