Application for RTD CERT
Background Check Request

Please print or type:

Last Name:	First Name:	Middle Initial:
Other Names(s) Used OR Maiden Name:		

Address:	City:	Zip:

Driver's License State where issued:				
State ID Number (*if applicable*):				
DOB:	Weight:	Height:	Hair Color:	Eye Color:
Home Phone:			Cell Phone:	
Email:				
(Optional) – Referred by:				

I authorize the Regional Transportation District (RTD) to conduct a background check as part of the process to evaluate my eligibility prior to volunteer assignment as an RTD Community Response Training (CERT) member.

I release any and all investigators, including RTD from any and all liability related to the procurement of disclosure of any information provided by me or obtained about me in connection with my application for volunteer assignment as an RTD Community Emergency Response Training (CERT) member.

Optional: ☐ I hereby give permission to RTD to use my name and photographic likeness in all forms and media for advertising, trade, and any other lawful purposes.

Print Name:	Date:
Signature:	

Print and send signed form by:
Email - CERT@rtd-denver.com or
Fax – 303.299.2163
Mail - RTD, 1600 Blake St., Attn: A. Oliver, BLK-43, Denver, CO 80202.