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THIS PAGE IS TO REGISTER OFFICIAL CITIZEN CORPS COUNCILS ONLY - if you are not an official representative of a Citizen Corps Council, but are interested in participating in Citizen Corps please join our Mailing List Thank you.

FOR LOCAL OFFICIALS:

Thank you for your interest in bringing Citizen Corps to your community. We are creating a directory of Citizen Corps Councils to help build a network of communities that are committed to engaging their citizens in being safer and better prepared for all emergency situations.

Through this network, your state and federal partners will be able to share relevant information with you and you will be able to exchange information with your counterparts. Please complete each field and submit this form only once for your Council. Once your information has been verified, we will post your Council on the Citizen Corps website. Thank you!

Citizen Corps Council

Council Name:*

| Region Name:* Council Type:* | County Local Tribal |
|---------------------------------|---------------------|
| ddress 1: | County Cool O Hibai |
| ddress 2: | |
| ity:* | |
| tate:* | Alabama |
| ip:* (99999 or 99999-9999) | |
| -mail Address: (xxx@yyy.zzz) | |
| onfirm E-mail: (xxx@yyy.zzz) | |
| hone Number: | Ext: |
| /ebsite: (http://xxx.yyy.zzz) | |
| ouncil Description: | |
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Endorsing Local Official

Ms/Mr:*

It is important to have the support of the local elected leadership for your Council's jurisdiction - this could be the Mayor, City/Town Manger, County Commissioner - or the Emergency Management Director for your area. Please be sure your contact supports your interest in forming a Citizen Corps Council before submitting their name.

Mr
Mr
■
Mr
Mr
■
Mr

Local official endorsing your Citizen Corps Council:

| First Name:* | | |
|--------------------------------|--|---|
| Last Name:* | | |
| Title: | | 1 |
| E-mail Address:* (xxx@yyy.zzz) | | |
| Confirm E-mail:* (xxx@yyy.zzz) | | ĺ |
| Phone Number:* | Ext: | |
| Local Official Address 1: | | 1 |
| Local Official Address 2: | | |
| Local Official City: | | |
| Local Official State: | Alabama | |
| Zip: (99999 or 99999-9999) | , and the second | |

○ Ms

Point of Contact

Council Point of Contact: This is the principal point of contact for Citizen Corps in your community. This is the person who will receive information from state or federal partners and whose name and email address will be posted on the Citizen Corps website. You may wish to create a generic email address, such as CitizenCorps@dhs.gov.

| Ms/Mr:* | Ms OMr | |
|-----------------|--------|-----|
| First Name:* | | 1.4 |
| Middle Initial: | | i |
| Last Name:* | | |
| Title:* | |] |
| | | 1 |

If any of the above information changes, if you have any questions about Citizen Corps Councils, or if you would

like to share a success story or a lesson learned, please send an e-mail to CitizenCorps@dhs.gov

Ext:

Ext:

By submitting this form, the sender individual or organization consents to release of his or her name, address and contact information only to other communities or partners participating in Citizen Corps. If you do not agree, please click on "Cancel" below.

Clear Cancel OMB No. 1660-0079, Expiration Date: 07/31/2006

DEPARTMENT OF HOMELAND SECURITY

E-mail Address:* (xxx@yyy.zzz) Confirm E-mail:* (xxx@yyy.zzz)

Phone Number:*

Fax Number:

Submit

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