



COMMUNITY EMERGENCY RESPONSE TEAM (CERT) APPLICATION

Completing the entire application helps CERT instructors understand the general profile of each class. Submitting an application does not guarantee admittance to the next scheduled class. However, it does assure that your interest is recorded.

Name: _____ Age: _____

Last

First

Middle

Street Address: _____

City/Zip Code: _____

Mailing Address (If different than above) _____

Home Phone # _____ Work Phone # _____

E-Mail Address: _____

Occupation: _____

Name of Sub-Division (Neighborhood) _____

Will you be training with a group? _____

If yes, with what group will you be training?

Have you ever completed a Basic first Aid course? _____ CPR Course _____

Are you a licensed amateur radio operator? _____ Call Sign _____ Class _____

Do you have any disaster-related training or experience? Y N If yes please describe: _____

Are you available to attend all three classes to obtain a FEMA certificate of participation? **Y** **N**

Are you able to perform the essential requirements of this program with or without accommodation?

If not, please explain: _____

Person to notify in case of emergency: _____

Relationship _____ Phone # _____

Notify me of any future class: **Y** **N**

Printed Name

Signature