Community Emergency Response Team

Training Application

Please print clearly, or type.

Full Name _____

Home Address _____City_____ Zip_____

Home Phone _____Cell Phone_____ Work phone_____

Email Address_____

Employer Name & Address (if applicable) _____

Title or Job Description_____

I am a resident of_____ County   I am 18 or older

Driver License #: _____   D.O.B: _____-_____-_____

Have you ever been arrested? _____ If yes, please list when, where and the offense:

This program **does** include physical activity. Do you require any special accommodations to participate in this program? (Please Explain):

Name and phone numbers of person to contact in the event of an emergency_____

How did you hear about CERT Training? _____

Why do you want to attend CERT Training? _____

Please provide information about your interests, community involvement, etc. _____

_____

I understand a background check will be conducted on all applicants. I authorize a background check on me based on this application. I give permission for any still photography or video footage in which I may appear to be used for whatever purpose deemed appropriate. I do this voluntarily and with the understanding there is no remuneration. In addition, I release any involved agencies and jurisdictions from any liability related to this training. All information on the above application is true.

_____   _____
Signature   Date

(Once you have completed the Application please fax it to 843-746-3810)