



## **Training Application**

*Please print clearly, or type*

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer Name & Address (if applicable): \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

This program does include physical activity. Do you require any special accommodations to participate in this program? (If yes, Please Explain)    Yes    No

\_\_\_\_\_

Name and phone number(s) of whom 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 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*

\_\_\_\_\_