



Community Emergency Response Team



Training Application

Please print clearly.

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 18 or older ☐ Yes ☐ No

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):

Are you a licensed amateur radio operator? () Yes () No Call Sign: _____ Class: _____

Are you a: () Medical Doctor () DVM () RN () LPN () Paramedic () EMT

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

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