



# 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