

Community Emergency Response Team (CERT) *Registration Form*



Final Logo Design January 2003

Last Name: _____ First: _____ MI: _____

Address: _____, _____, GA. Zip _____

Date of Birth: _____, Phone: _____

Other Phone: _____, Email: _____

Emergency Contact: Name: _____

Address: _____

Relationship: _____

Prior Experience (Please check all that apply to your past experience or training)

FireFighter ___ Nurse ___ Police ___ Electrician ___ Rescue ___

Paramedic/EMT ___ Engineer ___ First Responder ___

How did you hear about CERT? _____

Are you involved with (Please check all that apply)

Community Watch ___ Position- Captain ___ Co-Captain ___ Block Watcher ___

Citizen's Police Academy ___ Medical Reserve ___ Other/Specify _____

Shirt size- Men's ___ Women's ___

Do you have any medical conditions or limitations that may prevent you from participating in some practical exercises and drills that are associated with CERT training programs? Yes ___ No ___

Are you physically fit enough to participate in the CERT program? Yes ___ No ___

Do you want to be notified of class information by mail ___ email ___

Provide your email address: _____

Note: All classes must be completed and the Practical exercise in order to receive a certificate of completion. No more than 10% of any class may be missed.

For registration to be accepted, this form must be filled out completely and legibly and returned to Lieutenant Baker at:

Port Wentworth Police Department

#323 Cantyre Street,

Port Wentworth, Georgia 31407

PH# (912) 964-4360

Email at – abaker@cityofportwentworth.com