

# Community Emergency Response Team Training Course Application

By completing this application in its entirety, you will help our instruction team understand the general profile of the class they are teaching. Do not answer any question that you are not comfortable completing.

Submitting an application does not guarantee admittance to the next scheduled class, but it does assure that your interest is recorded (and you will be notified of the next available class).

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Mailing Address (if different than above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Pager: \_\_\_\_\_

Do you own: (circle one) Computer Computer w/faxmodem Fax Machine

If you have fax capability, what is your number?

At Home: \_\_\_\_\_ At Work: \_\_\_\_\_ Other: \_\_\_\_\_

Do you have access to the Internet: Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes what is your E-mail address? \_\_\_\_\_

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Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Sub-Division/neighborhood you live in: \_\_\_\_\_

Are you a member of a crime watch program: \_\_\_\_\_ If yes, which one? \_\_\_\_\_

Are you a licensed amateur radio operator? \_\_\_\_\_ Call Sign: \_\_\_\_\_