

Please Return To ROMB

29 PALMS COMMUNITY EMERGENCY RESPONSE TEAM (CERT) VOLUNTEER APPLICATION

Date: _____

Name _____

Address: _____

Mailing Address (if different from above) _____

Phone: _____ Alternate Phone: _____

Email: _____

Birthdate: ____/____/____ Age _____

Occupation – Volunteer Experience (Circle one: Past or Present) _____

Do you have any physical condition that may limit your activities? Yes No

If yes, please explain _____

Who to notify in case of emergency?

Name: _____ Relationship: _____

Address: _____

Telephone number: _____

I am able to attend CERT Training on the following dates (please initial – you MUST attend ALL training dates to become a CERT member):

Saturday, January 29, 2011 from 8 am – 5 pm _____

Saturday, February 5, 2011 from 8 am – 5 pm _____

Saturday, February 12, 2011 from 8 am – 2 pm _____

SIGNED & DATED _____