



# Westside Regional Community Response Team (CERT)

## Membership Application



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

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_

Are you currently employed? If so, where? What do you do? \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Service Provider: \_\_\_\_\_ (i.e. AT&T, T-Mobile, Verizon, Sprint)

Can your phone receive text messages? \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Legal Adult?  Yes

No

Do you have any physical or medical conditions that might affect your participation in some of the activities of this program? Please explain:

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T Shirt size:    S        M        L        XL        XXL        XXXL

Glove size:     S        M        L        XL

**Emergency contact information:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Do you have any special skills or abilities that may be used? (i.e. Emergency Medical Technician, Nurse, Amateur Radio Operator, Electrician, Computer Skills, Cooking, Construction Background, etc.) \_\_\_\_\_

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**For office use only**

**CERT Basic Training**

Completion Date: \_\_\_\_\_ Location: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Background completed:     Yes         No

IS 100 Completed:     Yes         No        IS 700 Completed:     Yes         No