



**Fullerton Fire Department
Community Emergency Response Team
CERT Class Registration**



The CERT class is a 24 hour course taught in an interactive format including lecture, video, discussion and hands-on activities.

Date: _____ (Please fill out one registration form per participant)

Name: _____ **E-Mail Address:** _____

Address: _____ **Phone:** _____

City: _____ **Zip:** _____ **Cell Phone:** _____

1. Please tell us briefly why you are interested in the CERT Program:

2. Please list any previous training in emergency preparedness, first aid and/or safety you have participated in (previous training is **not** required):

<u>Course Title</u>	<u>Date Completed</u>
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3. Please list any previous experience in emergency preparedness and/or emergency response you have had (previous experience is **not** required):

4. How did you find out about our CERT Program? (Please circle/fill out all that apply)

City Fullerton Website Fullerton Observer Friend/Neighbor/Co-worker

Newspaper (name of paper) _____ Other _____

Signature

Date

Return to:

**Fullerton CERT/CRV
312 E. Commonwealth Ave.
Fullerton, CA 92832
(714) 773-1316
Email: CRV@fullertonfire.org
FAX: (714) 738-3392**