

**Community Emergency Response Team Program
(Cumberland County Citizen Corp)**

CERT APPLICATION FORM

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext: _____

DOB: _____ SSN: _____ Sex: Male Female

Driver's License: _____ State: _____ Expires: _____

Email: _____ Cellular: _____

Occupation: _____

Do you have any physical limitations? _____

Have you ever been a member of a CERT program? Yes No If yes, Where? _____

Have you had any disaster related or first responder training? Yes No

If yes, explain: _____

Are you a licensed amateur radio operator? Yes No Call Sign: _____

Are you a licensed: MD RN LPN EMT Paramedic DVM

Name of Subdivision of Neighborhood: _____

Name of Municipality: _____
Township or Borough

***** CERT PROGRAM USE ONLY*****

CERT Team Assigned to: _____ Date: _____

Municipality: _____ Coordinator: _____

Course completed: _____ ID Card Issued: # _____

Equipment Issued: _____ Issued By: _____

Instructor Signature: _____

Return completed form to: Cumberland County Department of Public Safety
Attn: Michele Parsons, 1 Public Safety Drive, Carlisle PA 17013-7300
or fax to: 717.218.2950