



**PASCO COUNTY
COMMUNITY EMERGENCY RESPONSE TEAM TRAINING (CERT)
COURSE APPLICATION**

By completing this application in its entirety, you will help the instruction team understand the general profile of the class they are teaching. **Submitting an application does not guarantee admittance to the next scheduled class, but it does assure that your interest is recorded and you would be notified of the next available class in your area.**

**Mail completed application to: Pasco County Emergency Management
7530 Little Rd., New Port Richey, Fl 34654
Attention: CERT Program**

Name: _____ Date of Birth: _____ Sex: _____
 First M.I. Last

Home Address: _____

City/Zip Code: _____

Home Phone: _____ Work Phone: _____

Cellular: _____ Fax Number: _____

Email address: _____

Drivers License #: _____ State: _____ Issued: _____ Expires: _____

Name of Sub-Division (neighborhood): _____

What are your special skills? _____

Pasco County employee? Yes / No What department? _____

Have you ever received training in: **(Circle All That Apply)**

First Aid CPR EMT LPN RN

Other Medical _____

Are you a licensed amateur radio operator? _____ Call Sign: _____ Class: _____

Are you a member of a crime watch program? _____ If yes, which group?

Have you ever attended the Sheriff's Citizens Academy? _____ If yes, when?

I understand that by completing this course I will learn certain basic skills that are intended to help me render assistance to others only when I deem it safe and necessary for me to do so. I am under no obligation, by virtue of having received this training, to render aid or become involved in any activities that would make me feel uncomfortable or have the potential to cause me physical or emotional injury.

I understand the fact that I will receive a "Certificate of Completion" only upon attending all eight modules of the course.

Signature

Printed Name Date