

C.E.R.T. Program Application
Community Emergency Response Team
City of Clayton
Clayton Police Department

Return to: 6000 Heritage Trail
Clayton, CA 94517
Phone: 925-673-7350
Fax: 925-672-1429

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 ensure that your interest is recorded (and you will be notified of the next available classes).*

1. Name: _____
2. Address: _____
3. City/Zip Code: _____
4. Home Phone: _____ Work Phone: _____ Cell Phone: _____
5. Email Address: _____
6. Drivers License Number: _____ State: _____ Expires: _____
7. If you belong to a Home Owners Association, please indicate the name of that Association and the President of same: _____
8. If you do not belong to a Home Owners Association, please state the name of the neighborhood in which you reside: _____
9. Are you a member of a Neighborhood Watch Program? _____ If yes, which group? _____
10. Have you ever received training in: (***Circle All That Apply***)

First Aid	CPR	EMT	LPN	RN
Other Medical _____				
Incident Command		Team Building		Psychological First Aid
Fire Suppression		Law Enforcement		Hazardous Materials
Search & Rescue		Disaster Preparedness		Weather Emergencies
Wilderness Survival		Damage Assessment		Communications
Other _____				

11. Are you a licensed amateur radio operator? _____ Call Sign: _____ Class: _____
12. Are you interested in learning more about becoming a volunteer with the Clayton Police Department? _____

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 recognize the fact that I will receive a "Certificate of Completion" only upon attending and completing all seven modules of the course. I agree on behalf of myself, my heirs and assigns to defend, indemnify and hold harmless the City of Clayton and its representatives for any injury or death to persons or damage to personal property arising out of my participation in this program.

Signature

Date