

**HALTOM CITY
COMMUNITY EMERGENCY RESPONSE TEAM (CERT)
TRAINING COURSE APPLICATION**

**Submitting this application insures that your interest is
recorded and that you will be notified of the next class.**

1. Name: First _____ MI ___ Last _____
2. Address: _____
3. City _____ Zip Code: _____
4. Home Phone: _____ Work Phone _____
5. Cellular: _____ Work Cell: _____ Pager: _____
Fax _____
6. Date of Birth: _____ Sex: _____
7. Do you have access to the Internet? Yes ___ No ___
If yes, what is your Email address? _____
8. Drivers License #: _____ State: _____ Issue Date: _____ Expires: _____
9. Name of Sub-Division (neighborhood): _____
10. What is your occupation? _____
11. Haltom city employee? Yes / No If yes, what department? _____
12. If you do not live in Haltom City, but own or work in a business or attend activities events or churches within the city, please give the name.

13. Have you ever received training in: (Circle All That Apply)
First Aid, CPR, EMT, LPN
RN Team Building Fire Service Law Enforcement,
Hazardous Materials Incident Command Search & Rescue Disaster Preparedness
Weather Emergencies Wilderness Survival Communications Damage Assessment
Documentation/Records
Other 1 _____ 2 _____ 3 _____
14. Are you a: Medical Doctor DVM RN BSN LPN Paramedic EMT Other Medical _____
15. Are you a licensed amateur radio operator? ___ Call Sign: _____ Class: _____

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

17. Have you ever attended the Citizens Fire Academy? ____ If yes, when? _____

18. Do you have any disaster-related training or experience? ____ If yes, please describe

19. What languages do you speak? English Spanish Vietnamese Other _____

Signature

Printed Name

Date _____

Mail to: Perry Bynum
5525 Broadway Av.
Haltom City TX 76117