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## TRAINING COURSE APPLICATION/REGISTRATION

Welcome! This training course represents an extraordinary opportunity for you to become an integral part of the response effort in your community in times of disaster. We hope that by learning the skills offered by this training, you will feel empowered to help lead your community during times of tragedy, providing the greatest good for the greatest number. We look forward to receiving your comments and suggestions to improve our program, and hope that you will refer your friends and neighbors. Thank you for your interest, and we look forward to seeing you in class very soon!

**Please Print:**

Name: \_\_\_\_\_  
(Last) (First) (MI)

Mailing Address: \_\_\_\_\_  
(Street Number) (Street Name) (Apartment/Building #)

City/Zip: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cellular Phone: ( ) \_\_\_\_\_ Pager: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

The best time for me to attend class is:

During the Day: \_\_\_\_\_ Evenings: \_\_\_\_\_ Weekends: \_\_\_\_\_ Anytime: \_\_\_\_\_

Monday\_\_ Tuesday\_\_ Wednesday\_\_ Thursday\_\_ Friday\_\_ Saturday\_\_

Do you have any physical or medical conditions that might affect your participation in some of the exercises in this course? \_\_\_Yes \_\_\_No If yes, please explain:

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If you are a member of a Neighborhood Crime Watch, Homeowner's Association or other similar organization, please indicate the name of the group and its president:

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If you do not belong to such a group, in which neighborhood do you reside?

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Have you ever received training in (circle all that apply):

- |                              |                     |                         |
|------------------------------|---------------------|-------------------------|
| First Aid                    | CPR                 | EMT                     |
| LPN                          | RN                  | Fire Suppression        |
| Communications               | Hazardous Materials | Search & Rescue         |
| Damage Assessment            | Incident Command    | Team Building           |
| Disaster Preparedness        | Law Enforcement     | Weather Emergencies     |
| Documentation/Record Keeping | Organization        | Psychological First Aid |
| Other Medical: _____         |                     |                         |



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 that as a CERT member, my responsibilities are to myself, my family, my neighbors, and then to the surrounding neighborhood. I recognize that I will receive a Certificate of Completion only upon attending all eight modules of the course. I understand that any and all equipment issued to me is the property of the Sarasota County CERT Academy, and that I am expected to return it in good condition if I leave the program or area. By this signature, I affirm that I understand that when acting as a CERT volunteer, I may only:

1. Act within the scope of my training, and
2. Act in furtherance of a public purpose.

I further understand that deviation from the above may result in personal liability.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

Please register me now for CERT training starting on \_\_\_\_\_ and ending on \_\_\_\_\_.  
My payment (\$50.00) is enclosed: \_\_\_\_\_ Check \_\_\_\_\_ Credit Card Below \_\_\_\_\_ Other

<b>Credit Card Information:</b>		
Card Number _____	Circle: MC or VISA	Expiration Date _____
Name on Card _____	Cardholder's Address _____	
Contact Phone Number _____	_____	
Signature _____	Date _____	_____

Return to: SCTI CERT Program  
Attn: Karen Johnson  
4748 Beneva Road  
Sarasota, FL 34233

Credit Card registration may be faxed to:  
(941) 925-3592