

**Bonita Springs Fire Control and Rescue District
27701 Bonita Grande Drive
Bonita Springs, Fl. 34135
239-949-6200**

**COMMUNITY EMERGENCY RESPONSE TEAM TRAINING
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. It is our promise that all information will be kept confidential.

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 class in your area).

Name _____ **S.S.#** N/A
First M.I. Last

Street Address: _____

Neighborhood/Zip Code: _____

Mailing Address (if different from above) _____

What is your occupation? _____

If you belong to a Homeowners Association give name of Association.

I understand that by completing this course I will learn certain 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 all modules of the course. I understand that the course is free to me and that I will be provided with a CERT identification card, CERT Emergency bag and CERT shirt.

Signature

Printed Name

Date

Your home phone _____ Work phone _____

Cellular phone _____ Pager _____

Do you own or have access to a (circle one) Computer, Computer w/Fax modem, Fax machine

If you have fax capability, what is your fax number?

At home: _____ At Work: _____ Other: _____

Do you have access to the internet? yes ___ no ___

If yes, what is your E-Mail Address: _____ @ _____.

Date of Birth _____ (optional)

Do you have any physical or medical conditions that might affect your participation in some of the exercises used in this course? (e.g., Back problems, heart condition, please explain)

(Answering the above question by no means disqualifies you from participating in this program, but it does allow the instructors to consider limitations you may have in performing certain tasks. All information will be kept confidential).

Since we are a government agency, we require knowledge of any criminal background. Have you ever committed a felony? yes ___ no ___

If Yes, Please explain:

(Answering the above question by no means disqualifies you from participating in this program. All information will be kept confidential).

What allergies do you have? _____

How long have you lived in Florida? _____

Do you reside in Bonita Springs seasonally? _____

Have you ever experienced a hurricane? _____

Have you ever experienced a brushfire? _____

Do you consider yourself a leader?

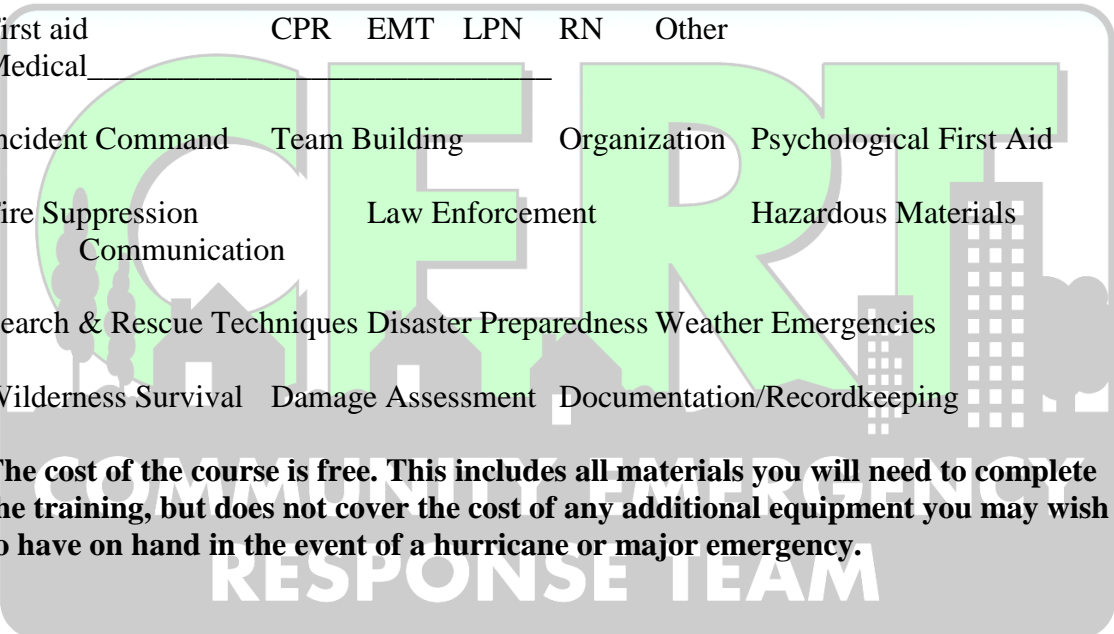
No _____ Somewhat _____ Generally _____ Almost Always _____

Have you ever.....

been in the military or other agency that you feel may help you in this program? _____

taken an extended camping trip ? _____

Have you received previous training in (circle all that apply)



First aid CPR EMT LPN RN Other
Medical _____

Incident Command Team Building Organization Psychological First Aid

Fire Suppression Law Enforcement Hazardous Materials
Communication

Search & Rescue Techniques Disaster Preparedness Weather Emergencies

Wilderness Survival Damage Assessment Documentation/Recordkeeping

The cost of the course is free. This includes all materials you will need to complete the training, but does not cover the cost of any additional equipment you may wish to have on hand in the event of a hurricane or major emergency.

GETTING TO KNOW YOU

Below are some questions that allow us to get to know you better. This page is not mandatory.

Please circle-

When under stress I feel:

Guilt Intense Sadness Confused

Grief Irritable

Denial Depressed

Anger Overwhelmed

This occurs when I am stressed:

Loss of appetite

Anxiety attacks

Increase in alcohol consumption

Change in usual communications with family or friends

The inability to rest or sleep

Nightmares

The inability to concentrate or remember

Fatigue

Nausea/ vomiting

Dizziness

Chest pain

Headaches

Elevated BP

Profuse sweating

Difficulty breathing

What do you consider to be your strengths and weaknesses?

What are your hobbies?

Are you sensitive to gore?

Why are you interested in the CERT Program?