

Orange County Community Emergency Response Team

Training Registration Form – Individual



Your information will be entered into the Orange County CERT Program Database and will not be shared with program partners or members without your consent.

Contact Information

First Name:		Last Name:		Suffix:	
Address:		City:		State: NC	Zip:
Home Phone:		Cell Phone:		Work Phone:	
E-mail Address:				Pager:	
Community Name:			Team Name: (For group registration only. Must match name on group form.)		

Emergency Contact

Primary Contact's Name:		Relation:			
Address:					
City:		State:		Zip:	
Phone:	Cell Phone:		Pager:		

Alternate Contact's Name:		Relation:			
Address:					
City:		State:		Zip:	
Phone:	Cell Phone:		Pager:		

Personal Profile

Gender:	DOB:	Race / Ethnicity:			
Special Skills:			Languages Spoken Fluently:		
Profession / Job Title:			Place of Employment:		
Participation in the CERT training program will require heavy lifting, bending, prolonged sitting, and other strenuous activities. Please provide information about any special needs or restrictions you may have so that we can accommodate your needs as best as possible.					
Applicant Comments:					

Participation Level (Please Select One)

<input type="checkbox"/> CERT Member (Completes training program and deploys with community team) <input type="checkbox"/> CERT Support / Citizen Corps Council (Contributes to program planning initiatives) <input type="checkbox"/> CERT Member and CERT Support Team					
Training Preference: <input type="checkbox"/> Weekday <input type="checkbox"/> Weekend Training Start Date:		Program Use Only Group Assigned To: _____ Date Received: _____ Training Session: _____			

Return to: Orange County CERT Program
 Attn: Amanda Bartolomeo
 300 W. Tryon Street, PO Box 8181
 Hillsborough, NC 27278
 Phone: 919-245-2388 Fax: 919-644-3380