



COMMUNITY EMERGENCY RESPONSE TEAM (CERT) REGISTRATION

Please print legibly

Name: _____ Phone No. () _____

Address: _____ Email: _____

Date of Birth _____ Drivers License Number _____ State _____

Fontana Resident: _____ Years & Months: _____

Occupation: _____ How Long: _____

Name/Address of Employer: _____

Three personal references, not relatives, known at least one year

Name: _____ Years Acquainted: _____

Address: _____ Phone: _____

Name: _____ Years Acquainted: _____

Address: _____ Phone: _____

Name: _____ Years Acquainted: _____

Address: _____ Phone: _____

How did you hear about the Fontana CERT Program? _____

Has there been anything in your past which you believe might disqualify you from participating in Fontana's CERT Program?

Yes No

If yes please explain:

List community interests, clubs, professional memberships, etc...

In the space provided explain **why you want to attend Fontana's CERT Class** (no attachments please).

I CERTIFY THAT ALL STATEMENTS ON THIS FORM AND ANY ATTACHMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSIFICATION OF THE INFORMATION ON THIS FORM AND ATTACHMENTS MAY, IF I AM ACCEPTED, BE CONSIDERED GROUNDS FOR IMMEDIATE DISMISSAL.

Signed: _____ Dated: _____