



**Stanislaus County Community Emergency Response Team (CERT)**

**Membership Application**

Name: \_\_\_\_\_  
Last First MI

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_

Are you currently employed? If so, what do you do? \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Service Provider: \_\_\_\_\_ (i.e. AT&T, T-Mobile, Verizon, Sprint)

Can your phone receive text messages? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Legal Adult:  Yes  No

**Must be at least 18 years of age to join the Stanislaus County CERT Program**

Do you have any physical or mental conditions that might affect your participation in some of the activities of the CERT Program? Please explain: \_\_\_\_\_  
\_\_\_\_\_

Choose your sizes below:

T-shirt size:  S  M  L  XL  2XL  3XL  4XL

Glove size:  S  M  L  XL

**Emergency Contact information:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Do you have any special skills, abilities or training that may be used? (i.e. EMT, Nurse, Electrician, Construction) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about CERT?  Facebook  Friend  Other: \_\_\_\_\_

**\*Please email this completed application to Kevin Anderson, CERT Coordinator at:**

[kanderson@stanoes.com](mailto:kanderson@stanoes.com)

For official use only

**CERT Basic Training**

Course completion date: \_\_\_\_\_

Background completed:  Yes  No

IS 100 completed:  Yes  No

IS 700 completed:  Yes  No

IS 800 completed:  Yes  No

IS 317 completed:  Yes  No

CERT Coordinator Signature: \_\_\_\_\_