



**Community Emergency Response Team (CERT) Training
Clifton Park Citizen Corps Council**

Last Name: _____ First Name: _____ MI: _____

Street: _____ Town: _____ Zip: _____

Day Phone: _____ Work Phone: _____ Pager: _____ Cell: _____

Email: _____

Emergency Contact Name: _____ Phone : _____ Email: _____

DOB: _____ Driver's License # _____ Sex: M F

Occupation: _____

Please explain any disaster-related training or experience you have:

Do you have medical insurance?
Please be prepared to provide company name and policy # if needed.

Do you have any medical conditions that may impair your physical activity?

Are you a licensed amateur radio operator? _____ Call Sign: _____ Class: _____

Are you a licensed: MD __ DVM __ RN __ LPN __ Paramedic __ EMT __ DDS __ Engineer _____

Please mail or fax this form (one registration per form, please) to:
THE TOWN OF CLIFTON PARK, ATTN: BARBARA MCHUGH, ONE TOWN HALL PLAZA,
CLIFTON PARK, NY 12065. FAX 371-1136.

All applicants will be required to sign a liability/insurance waiver to participate in the class and team activities. For more information about the Clifton Park CERT program, please check www.cliftonpark.org/cc or call 371-6651.

*****CERT PROGRAM USE ONLY*****

CERT Course completed: _____ ID Card Issued: _____

CERT Equipment Issued: _____ Issued By: _____