City of Vallejo
CERT
Community Emergency Response Team
Application – Please Print

1. Name _____ Email:_____@_____
Last First Middle

2. Address _____
Number Street City State Zip

_____-_____-_____ /_____-_____-_____/ _____-_____-_____
Home phone Work phone Mobile phone/message phone

3. Emergency Contact:_____
Name Relationship Contact #

4. Which languages do you speak fluently in addition to English? _____

5. Do you have any special skills that we should be aware of? _____

_____

6. Have you any physical limitations that would prevent you from performing certain tasks? _____ Yes _____ No

If yes, explain: _____

7. Do you have any learning limitations that we should be made aware of? _____ Yes _____ No

If yes, explain: _____

8. Current Employer:

Name of Company_____ Phone number _____-_____-_____

Address_____ City_____ State_____ ZIP_____

Type of work_____

Supervisor's Name_____ Employed since_____/_____/_____

9. Have you been in the military (include the Reserves, National Guard, ROTC)?

_____ Yes _____ No _____ Currently In Military

If yes, date separated or discharged _____Type of discharge_____

10. Please briefly explain why you are interested in attending the Vallejo C.E.R.T. Program. Also, include why you would be a great choice as a C.E.R.T. participant:

_____

_____

_____

_____

_____

_____

_____

_____ I prefer the Tuesday class

_____ I prefer the Thursday class

I certify that I am at least 18 years of age and that all of the foregoing statements and answers given are true. I fully understand that any intentional attempt on my part to provide incorrect or misleading information would be just cause for the rejection of my application.

_____ _____

Applicant's Signature Date of Application

After you complete this application, please return it to us by:

Emailing to: sherbert@ci.vallejo.ca.us

Faxing to: 707-648-5214

Mail or drop off to:

Vallejo Fire Department
Fire Prevention Division
555 Santa Clara Street, 2nd Floor
Vallejo, CA 94590