# C.E.R.T. INTEREST SHEET

**[ ]  CERT (Field Deployable)** **[ ]  CERT (Administrative)** **[ ]  Public Education Only**

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial \_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St \_\_\_\_\_ Zip ­­\_\_\_\_\_\_\_\_\_\_­­

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

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your preferred method of contact? What is the best time of day for you to be contacted?

Please list any previous C.E.R.T. experience or related training (Previous experience/training, not required):

**CERT Field Deployable:**

Eight week C.E.R.T. Basic Training Class and Certification

Monthly and quarterly training, occasional events, and callouts

Able to bend, lift and carry objects (sandbags, 2-4 patient movers, backpacks, etc.)

Provide CPR and triage

Shut off utilities to damaged buildings, light search and rescue, radio communications

Work in all weather conditions

Member HFD

**CERT Administrative:**

Eight week C.E.R.T. Basic Training Class and Certification

Monthly and quarterly training, occasional events, and callouts

Provide CPR and triage

Keep records and logs on team activities, radio communications

Member HFD

**Public Education:**

Eight week C.E.R.T. Basic Training Class and Certification, no ongoing training following certification.

(Please complete and return this form to Hoodland Fire.

Your information will be saved and you will be contacted at a later date.)