

CITY OF PLACENTIA C.E.R.T.

COMMUNITY EMERGENCY RESPONSE TEAM



Class Session: _____ (Please fill out one registration form per participant)

Name: _____ Email Address: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

1) Please tell us briefly why you are interested in the CERT Program:

2) Please list any previous training in emergency preparedness, first aid and/or safety you have participated in (previous training is not required):

Course Title _____ Date Completed

3) Please list any previous experience in emergency preparedness and/or emergency response you have had (previous experience is not required) :

4) How did you find out about our CERT Program? (please circle/fill out all that apply)

Placentia Quarterly

City of Placentia Website

Newspaper (specify below)

Social Media Post

Church (specify below)

Friend/neighbor/co-worker

Other: _____

X _____

Signature

Date

Please return completed form to: Steven Torrence

(714) 993-8176

storraine@placentia.org