APPLICATION TO PARTICPATE IN
COMMUNITY EMERGENCY RESPONSE TEAM PROGRAM

YORK COUNTY DEPARTMENT OF FIRE AND LIFE SAFETY
OFFICE OF EMERGENCY MANAGEMENT
Post Office Box 532
Yorktown, Virginia 23690
(757) 890-3600

Please Print in Ink

APPLICANT INFORMATION

FULL LEGAL NAME: _____
Last First Middle Title (Mr., Ms. Mrs.)

COMPLETE MAILING ADDRESS: _____
Street Apt #/PO Box

_____
City State Zip

DAYTIME PHONE # _____ HOME PHONE # _____

ALTERNATE PHONE #_____ EMAIL ADDRESS _____

LENGTH OF TIME AT CURRENT ADDRESS: _____ MONTHS _____ YEARS

IF YOU LIVE IN YORK COUNTY, WHAT AREA ? __Tabb __Grafton __Yorktown __Seaford __Skimino __Bruton

PLEASE LIST ALL ADDRESSES WITHIN THE LAST THREE YEARS (IF CURRENT ADDRESS IS LESS):

_____
Street City State Zip

_____
Street City State Zip

ARE YOU AT LEAST 18 YEARS OF AGE? _____ Yes _____ No (IF NO, YOUR AGE_____)

EMPLOYMENT/SCHOOL INFORMATION

PRESENT EMPLOYER/SCHOOL:_____

OCCUPATION (Optional):_____

ADDRESS: _____
Street Apt #/PO Box

_____
City State Zip

PHONE # _____ EMAIL ADDRESS _____

EMERGENCY CONTACT INFORMATION

NAME: _____
Last First Middle Title (Mr., Ms. Mrs.) RELATION

ADDRESS: _____
Street Apt #/PO Box

_____
City State Zip

DAYTIME PHONE # _____ HOME PHONE # _____

ALTERNATE PHONE #_____ EMAIL ADDRESS _____

PROGRAM INFORMATION

ARE YOU ATTENDING THE YORK COUNTY CERT TRAIINING PROGRAM AS?

_____AS A YORK COUNTY RESIDENT

_____AS AN EMPLOYEE OF YORK COUNTY/YORK COUNTY SCHOOL DIVISION

_____AS A RESIDENT OF A SURROUNDING LOCALITY THAT DOES NOT HAVE A CERT PROGRAM

PREVIOUS TRAINING

HAVE YOU HAD PREVIOUS EXPERIENCE WITH ANY OTHER FIRE, RESCUE, EMS OR CERT PROGRAM or ORGANIZATION? _____Yes _____No

IF SO, PLEASE LIST: _____

Name City State

_____

Name City State

_____

Name City State

LIST ANY CURRENT AFFILIATIONS/ORGANIZATIONS:_____

_____

CHECK ANY CURRENT CERTIFICATIONS HAVE YOU OBTAINED (ADD ANY NOT LISTED):
_____CPR _____CPR INSTRUCTOR _____FIRST AID _____EMT _____RED CROSS TRAINING

_____AMATEUR RADIO _____ NCIDENT COMMAND _____ 'EMA/EMI _____)THER CERT TRAINING

OTHER_____

HOW DID YOU FIND OUT ABOUT THE YORK COUNTY CERT PROGRAM?
_____GRADUATE/ATTENDEE _____FRIEND _____STAFF MEMBER _____NEWSPAPER
_____PUBLIC EVENT _____RADIO _____TELEVISION _____NEIGHBORHOOD FIRE STATION
_____WEBSITE/INTERNET _____PUBLICATION/FLYER/BROCHURE _____OTHER (Please Explain)
_____

DO YOU HAVE ANY CONDITIONS (SPECIAL, MEDICAL, OR OTHER) THAT THE DEPARTMENT OF FIRE & LIFE SAFETY SHOULD BE AWARE OF?_____

AFFIRMATION

_____ I HAVE A SIGNED COPY OF THE YORK COUNTY COMMUNITY EMERGENCY RESPONSE TEAM
(INITIAL) PARTICIPANT MEMORANDUM OF UNDERSTANDING.

By my signature below I hereby certify that the information provided by me on this application and all *documents accompanying this application are true and accurate. I understand that falsifying any of this information is grounds for non-acceptance and/or dismissal from the York County CERT program. Further, I understand that enrollment in this program is on a first-come; first-served basis until the course enrollment is full and that I will not be allowed to graduate unless I have attended all courses in this program. I understand that if I withdraw from the program for any reason all CERT supplies provided to the participant must be returned to York County.

APPLICANT SIGNATURE:_____
DATE:_____

PLEASE RETURN COMPLETED APPLICATION AND YORK COUNTY COMMUNITY EMERGENCY RESPONSE TEAM PARTICIPANT MEMORANDUM OF UNDERSTANDING TO THE ADDRESS AT THE TOP OF THE APPLICATION.