## Bonita Springs Fire Control and Rescue District 27701 Bonita Grande Drive Bonita Springs, Fl. 34135 239-949-6200

## COMMUNITY EMERGENCY RESPONSE TEAM TRAINING COURSE APPLICATION

By completing this application in its entirety, you will help the instruction team understand the general profile of the class they are teaching. It is our promise that all information will be kept confidential.

Submitting an application does not guarantee admittance to the next scheduled class, but it does assure that your interest is recorded and you would be notified of the next class in your area.

Name					
First	M.I.	Last			
Street Address:					
Neighborhood/Zip Code:					
Mailing Address (if different f	from above)		1		HIL
What is your assumation				THE STATE OF	
What is your occupation?					
If you belong to a Homeo	wners Associa	ation give r	name of As	ssociation.	
J		8			
COMM		YF	AFD	CER	ICY
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I understand that by compl					
help me render assistance t					
so. I am under no obligation		_		_	
become involved in any ac			ne teet unc	omfortable	or nave the
potential to cause me physi	ical or emotion	ial injury.			
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I recognize the fact that I w				•	
all modules of the course.					
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		_			
Signature			Printed Nan	ne	
Date					

Your home phone	<b>V</b>	Work phone				
Cellular phone	Pager _					
Do you own or have acces	ss to a (circle one)	Computer, Computer w/Fax modem, Fax machine				
If you have fax capability	y, what is your fax	number?				
At home:	At Work:	Other:				
Do you have access to the	e internet? yes r	no				
If yes, what is your E-Mail Address:@						
Date of Birth	(optional)					
		tions that might affect your participation? (e.g., Back problems, heart condition,				
program, but it does allow performing certain tasks.	the instructors to co All information will nt agency, we requ l a felony, misdeme	nire knowledge of your background. leanor, or DUI?				
RES	PONS	ETEAM				
(Answering the above quesprogram. All information		disqualifies you from participating in this ential).				
What allergies do you ha	ve?					
How long have you lived	in Florida?					
Do you reside in Bonita S	Springs seasonally?	?				
Have you ever experience	ed a hurricane?					
Have you ever experience	ed a brushfire?					

Have you been in the military or other agency that you feel may help you in this program? If yes, explain								

Have you received previous training in (circle all that apply)

First Aid	CPR	EMT	LPN	RN	Other
					Medical
Incident	Team Building	Organization	Psychological	Fire	Law
Command			First Aid	Suppression	Enforcement
Search-Rescue	Disaster	Weather	Wilderness	Damage	Documentation/
Techniques	Preparedness	Emergencies	Survival	Assessment	Recordkeeping

The cost of the course is \$20. This includes all materials you will need to complete the training, but does not cover the cost of any additional equipment you may wish to have on hand in the event of a hurricane or major emergency.

