

**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** \_\_\_\_\_ **S.S.#** N/A  
First M.I. Last

**Street Address:** \_\_\_\_\_

**Neighborhood/Zip Code:** \_\_\_\_\_

**Mailing Address** (if different from above) \_\_\_\_\_

**What is your occupation?** \_\_\_\_\_

**If you belong to a Homeowners Association give name of Association.**  
\_\_\_\_\_

I understand that by completing this course I will learn certain skills that are intended to help me render assistance to others only when I deem it safe and necessary for me to do so. I am under no obligation, by virtue of having received this training, to render aid or become involved in any activities that would make me feel uncomfortable or have the potential to cause me physical or emotional injury.

I recognize the fact that I will receive a "Certificate of Completion" only upon attending all modules of the course. I understand that the course is free to me and that I will be provided with a CERT identification card, CERT Emergency bag and CERT shirt.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

Your home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cellular phone \_\_\_\_\_ Pager \_\_\_\_\_

Do you own or have access to a (circle one) Computer, Computer w/Fax modem, Fax machine

If you have fax capability, what is your fax number?

At home: \_\_\_\_\_ At Work: \_\_\_\_\_ Other: \_\_\_\_\_

Do you have access to the internet? yes \_\_\_ no \_\_\_

If yes, what is your E-Mail Address: \_\_\_\_\_ @ \_\_\_\_\_.

Date of Birth \_\_\_\_\_ (optional)

Do you have any physical or medical conditions that might affect your participation in some of the exercises used in this course? (e.g., Back problems, heart condition, please explain)

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(Answering the above question by no means disqualifies you from participating in this program, but it does allow the instructors to consider limitations you may have in performing certain tasks. All information will be kept confidential).

Since we are a government agency, we require knowledge of any criminal background. Have you ever committed a felony? yes \_\_\_ no \_\_\_

If Yes, Please explain:

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(Answering the above question by no means disqualifies you from participating in this program. All information will be kept confidential).

What allergies do you have? \_\_\_\_\_

How long have you lived in Florida? \_\_\_\_\_

Do you reside in Bonita Springs seasonally? \_\_\_\_\_

Have you ever experienced a hurricane? \_\_\_\_\_

Have you ever experienced a brushfire? \_\_\_\_\_

**Do you consider yourself a leader?**

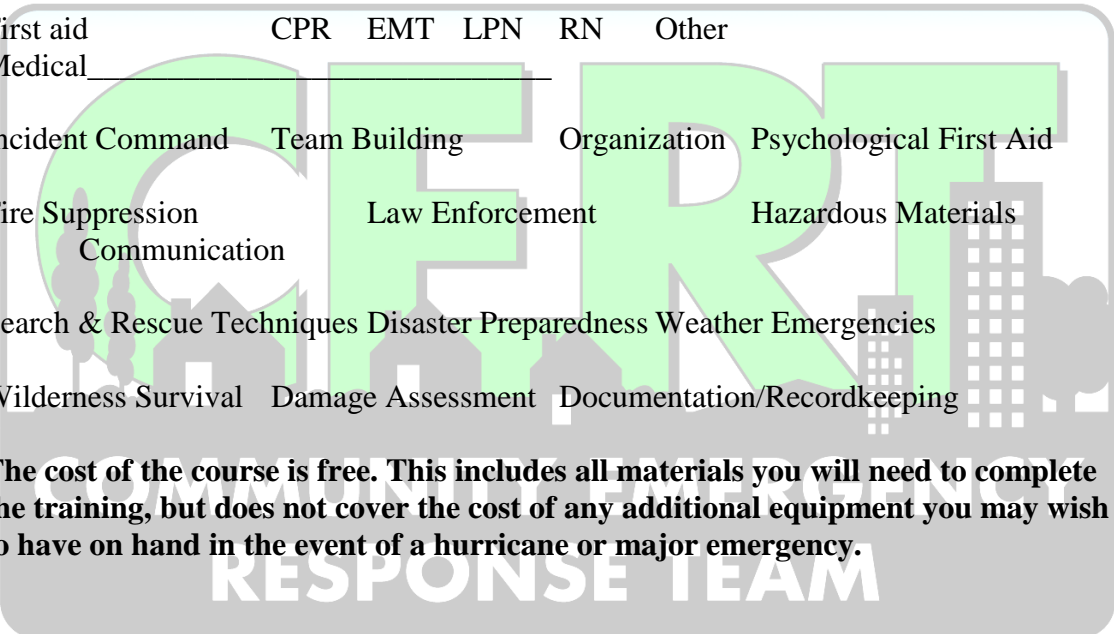
No \_\_\_\_\_ Somewhat \_\_\_\_\_ Generally \_\_\_\_\_ Almost Always \_\_\_\_\_

**Have you ever.....**

**been in the military or other agency that you feel may help you in this program? \_\_\_\_\_**

**taken an extended camping trip ? \_\_\_\_\_**

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



First aid                      CPR   EMT   LPN   RN   Other  
Medical \_\_\_\_\_

Incident Command    Team Building                      Organization    Psychological First Aid

Fire Suppression                      Law Enforcement                      Hazardous Materials  
Communication

Search & Rescue Techniques    Disaster Preparedness    Weather Emergencies

Wilderness Survival    Damage Assessment    Documentation/Recordkeeping

**The cost of the course is free. 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.**

## GETTING TO KNOW YOU

**Below are some questions that allow us to get to know you better. This page is not mandatory.**

**Please circle-**

**When under stress I feel:**

Guilt                      Intense Sadness                      Confused

Grief                      Irritable

Denial                      Depressed

Anger                      Overwhelmed

**This occurs when I am stressed:**

Loss of appetite

Anxiety attacks

Increase in alcohol consumption

Change in usual communications with family or friends

The inability to rest or sleep

Nightmares

The inability to concentrate or remember

Fatigue

Nausea/ vomiting

Dizziness

Chest pain

Headaches

Elevated BP

Profuse sweating

Difficulty breathing

**What do you consider to be your strengths and weaknesses?**

**What are your hobbies?**

**Are you sensitive to gore?**

**Why are you interested in the CERT Program?**