



**Community Emergency Response Team (CERT) Training
Clifton Park Citizen Corps Council**

Last Name:	First Name:	MI:
Street:	Town:	Zip:
Home Phone:	Cell Phone:	
Email:		
Emergency Contact Name:	Phone:	Email:
DOB:	Driver's License #:	Sex: M F
Occupation:		
Please explain any disaster-related training or experience you possess:		

Do you have medical insurance?
Please be prepared to provide company name and policy # if needed.

Do you have any medical conditions that may impair your physical activity?

Are you a licensed amateur radio operator? _____ Call Sign: _____ Class: _____

Are you a licensed: MD ___ DVM ___ RN ___ LPN ___ Paramedic ___ EMT ___ DDS ___ Engineer ___

For more information about the Clifton Park CERT Program, please visit our website, <https://www.cliftonpark.org/index.php/departments/safety-and-security/emergency-preparedness> or call 518-371-6651.

Please mail or fax this form (one registrant per form, please) to:
THE TOWN OF CLIFTON PARK
ATTN: CERT, ONE TOWN HALL PLAZA, CLIFTON PARK, NY 12065
FAX 518-371-1136

****CERT PROGRAM USE ONLY****

CERT Course Completed: _____ ID Card Issued: _____
CERT Equipment Issued: _____ Issued By: _____