



ATHENS-CLARKE COUNTY COMMUNITY EMERGENCY RESPONSE TEAM TRAINING APPLICATION

Applicant must be at least 18 years of age. A background investigation will be conducted on all applicants to determine eligibility in the program. Mail application to: American Red Cross, East Georgia Chapter, 490 Pulaski Street, Athens, GA 30601.

PLEASE PRINT CLEARLY OR TYPE.

FULL NAME _____

HOME ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ FAX _____

EMAIL ADDRESS _____

EMPLOYER NAME & ADDRESS (IF APPLICABLE) _____

TITLE OR JOB DESCRIPTION _____

I AM A RESIDENT OF CLARKE COUNTY

I AM 18 YEARS OR OLDER

DRIVER LICENSE NUMBER _____ DATE OF BIRTH _____

HAVE YOU EVER BEEN ARRESTED? _____ IF YES, PLEASE LIST WHEN, WHERE AND OFFENSE

THIS PROGRAM DOES INCLUDE PHYSICAL ACTIVITY. DO YOU REQUIRE ANY SPECIAL ACCOMODATIONS TO PARTICIPATE IN THIS PROGRAM? (PLEASE EXPLAIN) _____

NAME AND PHONE NUMBER OF PERSON TO CONTACT IN CASE OF EMERGENCY _____

HOW DID YOU HEAR ABOUT CERT TRAINING? _____

WHY DO YOU WANT TO ATTEND CERT TRAINING? _____

PLEASE PROVIDE INFORMATION ABOUT YOUR INTERESTS, COMMUNITY INVOLVEMENT, ETC. _____

I understand a background check will be conducted on all applicants. I authorize a background check on me based on this application. I give permission for any still photography or video footage in which I may appear to be used for whatever purposes deemed appropriate. I do this voluntarily and with the understanding there is no remuneration. In addition, I release any involved agencies and jurisdictions from any liability related to this training. All information on the above application is true.

Signature _____

Date _____