

PROGRAM INFORMATION

ARE YOU ATTENDING THE YORK COUNTY CERT TRAINING 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 ___ INCIDENT COMMAND ___ FEMA/EMI ___ OTHER 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.