



REGISTRATION APPLICATION

PLEASE PRINT

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

I would like to be considered for the following course:

Fall of 2014

Typically, classes run on 4 Saturdays over an 8 week period including one Saturday final practical skill session.

For additional information about the CERT Program go to www.citizen corps.gov.

DISCLOSURE

I affirm the information contained in this application to be true and accurate. I do hereby attest that I will be at least 18 years of age by the start of the first class date and do not have any serious health conditions that would prevent me from participating in class events. I understand this to be a voluntary program and completion of this application does not guarantee a position for the training.

Signed: _____ Date: _____

Please return completed applications to:

**City of Montgomery Fire Department
ATTN: CERT
10150 Montgomery Road
Cincinnati, OH 45242**