

**CLEVELAND STATE UNIVERSITY**  
**COMMUNITY EMERGENCY RESPONSE TEAM (C.E.R.T.)**  
**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. Do not answer any question that you are not comfortable completing.

Submitting an application does not guarantee admittance to the next scheduled class, but it does assure that your interest is recorded (and you will be notified of the next available class in your area).

**Please Print Clearly:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Is there an alternative way to contact you? (i.e. fax, e-mail): Check one: YES\_\_ NO\_\_

If yes, please provide: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ How long have you lived in Ohio? \_\_\_\_\_

Do you have any physical or medical conditions that might affect your participation in some of the exercises used in this course? Check one: YES\_\_\_ NO\_\_\_ If yes, please explain:

There is no cost to you for this training course. You will be given a manual and equipment to use for actual activation.

I understand that any and all equipment issued to me is the property of your Public Safety Forces and that I am expected to return it in good condition if I leave the program or area.

**Please initial:** \_\_\_\_\_

