

# **CITY OF SUNRISE**



## **CERT VOLUNTEER ENROLLMENT FORM**

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Work/Other Telephone Number: \_\_\_\_\_

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

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

Do you speak another language? Yes No

If so, what language: \_\_\_\_\_

Speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

Do you have any limitations? Yes No

List special accommodations you need: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **EMERGENCY INFORMATION**

In case of emergency, person to contact should be:

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

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

**CITY OF SUNRISE**



**CERT VOLUNTEER ENROLLMENT FORM**

Please, explain why you desire to become a CERT.

---

---

---

*If under 18 years of age must have Parent or Guardian consent:*

Parent/Guardian signature of consent (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

