REGISTRATION FORM

CERRO GORDO COUNTY COMMUNITY EMERGENCY RESPONSE TEAM

Emergency Management Coordinator - Steve O'Neil

Cerro Gordo County Emergency Management Agency

78 S Georgia Ave Mason City, IA 50401 - (641-421-3665

Name_____ **D.O.B.** _____ **SEX**_____

Last First Middle Mo/Day/Yr

Address _____

Street Apt City Zip

Previous Address _____

Street Apt City Zip

How Long Have you Lived In _____ **County** _____

Driver's License # _____ **State** _____

Home Phone _____ **Work Phone** _____

Employer _____ **Occupation** _____

Employer's Address _____

Street City State

Have you ever been arrested for any offense other than traffic?

____ N0 ____ Yes If Yes, what for? _____

When? _____ **Where?** _____

Will you be able to attend 6 out of 8 classes? ____ Yes ____ No

What do you expect to gain from attending this class?

_____

In case of emergency, contact _____

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my personal history deemed necessary for consideration to attend the Cerro Gordo and Franklin County Community Emergency Response Team Training.

_____ _____

Signature of Applicant **Date**