

UTAH COMMISSION ON VOLUNTEERS - UTAH CITIZEN CORPS COUNCIL

Course Registration Form for: _____

DATE(S): _____ TIME(S): _____ DAY(S): _____

LOCATION: _____

TO ATTEND THIS EVENT, PLEASE COMPLETE THIS FORM IMMEDIATELY AND EMAIL IT TO BWALDON@UTAH.GOV, OR FAX IT TO 801 - 229 - 7301 (NO HEADER PAGE REQUIRED)

1. PRINT NAME: (To appear on your certificate of completion):	2. Please Select One: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Rank (Dr., Lt., Sgt., Chief, etc.):	3. Location / Jurisdiction and approximate date you completed the basic CERT Field Course:
4. Home Address (Number, Street, City/Town, State, Zip Code):	5. Home Telephone Number: () -	6. Work Telephone Number: () -
7. Name and Complete Address of Organization Being Represented:	8. Current job or position What organization?	9. Contact Fax Number: () -
10. E-mail address (or addresses):		
11. Are you currently participating in any CERT organization or team? YES NO If "Yes", where?		
12. Have you actually taught the CERT course before? YES NO If yes, circle which modules you have presented: 1 2 3 4 5 6 7 8		
13. How many times have you taught or helped teach CERT? _____ How many years have you been teaching CERT classes? _____ Other info re: your CERT instructing:		
14. What is your commitment to training CERT in the coming 12 months and beyond? _____		
15. Do you have additional experience and/or training in Emergency Medical skills? Please describe: _____		
Other Pertinent Info? _____		
16. PLEASE INDICATE: I CANNOT ATTEND THIS COURSE WITHOUT FINANCIAL ASSISTANCE: FOR LODGING _____ FOR MILEAGE _____ Miles from my home to training Site: _____ OR I DO NOT NEED FINANCIAL ASSISTANCE TO ATTEND THIS COURSE _____		

SIGNATURE OF APPLICANT: _____ **DATE:** _____

For more information about this CERT Training Program, please contact: steверundquist@utah.gov, P. O. Box 99, Hurricane, Utah 84737 (800) 635-2317