



# REGISTRATION FORM

Please type or print clearly.

First Name

MI.

Last Name

Mr. \_\_\_\_\_

Mrs. \_\_\_\_\_

Ms. \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_

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

Home

Work

Cell

Telephone Numbers: \_\_\_\_\_

Pager

Fax

E-mail

(Optional)

(Used to conduct background investigation)

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

Group Affiliation/Neighborhood (school, homeowner's assoc., independent, etc): \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Completed a CPR course? \_\_\_\_\_ First Aid course? \_\_\_\_\_ Month/Year of last certification: \_\_\_\_\_

Any disaster-related training or experience? \_\_\_\_\_

Are you a licensed amateur radio operator? \_\_\_\_\_ Call sign: \_\_\_\_\_ Class: \_\_\_\_\_

Are you a Doctor? \_\_\_\_\_ Nurse? \_\_\_\_\_ DVM? \_\_\_\_\_ EMT? \_\_\_\_\_ Paramedic? \_\_\_\_\_

Prior Military Service? Army \_\_\_\_\_ Navy \_\_\_\_\_ Marines \_\_\_\_\_ Air Force \_\_\_\_\_ Coast Guard \_\_\_\_\_

Languages spoken fluently: English \_\_\_\_\_ Spanish \_\_\_\_\_ Creole \_\_\_\_\_ Other \_\_\_\_\_

Any special skills or training? \_\_\_\_\_

**Please specify the date of the class/course you will be attending:**

\_\_\_\_\_

I have given the above information voluntarily, and I certify that all statements and representations are true and correct. I understand that it will be used and disclosed for CERT purposes or to any party with legal and proper interest, and I release the City of Miami Beach CERT Program from any liability whatsoever for supplying such information. I understand that a background check may be conducted, and that a prior felony conviction, or misdemeanor sex conviction will disqualify my application and prevent participation in the CERT Miami Beach program. I understand that I will not be paid for my services as a CERT volunteer and agree to comply with the City of Miami Beach CERT Code of Conduct.

NAME (Print clearly in ink): \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

You may register online at [www.miamibeachfl.gov](http://www.miamibeachfl.gov). Click RESIDENT, PUBLIC SAFETY, CERT TRAINING CLASSES, or return this application to Inspector David Mogen, CERT Lead Instructor: Miami Beach Fire Rescue, 1680 Meridian Avenue, Suite 201, Miami Beach, FL 33139 Phone: 305-673-7165 or 305-673-7123 Fax: 305-673-1085 or 305-673-7881 E-mail: [dmogen@miamibeachfl.gov](mailto:dmogen@miamibeachfl.gov)