



Name of Program

## Community Emergency Response Team

Name: \_\_\_\_\_ Physical Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Preferred Method of Contact (select one):  Home Phone  Cell Phone  Text Message  E-Mail:

Please fill out the below form to provide CERT with important information regarding your pertinent skill sets and levels. This information may be used to determine job assignments during an incident. For each skill, place an "X" in the appropriate skill level box. If you do not have a particular skill set, leave the box blank. If you have relevant skills not listed, please add to the list.

Skill or Training	Basic	Competent	Advanced	Skill or Training	Basic	Competent	Advanced
First Aid				CPR			
Triage				Firefighting			
AED Trained				Recreational Leader			
Running / Jogging				Search & Rescue			
Emergency Management				Emergency Planning			
Structural Engineering				Law Enforcement			
Survival Training & Techniques				Mechanical Ability			
CB Radio Communications				Shelter Management			
Waste Disposal				Ham Radio Operator			
Bus / Truck Driver				Camping			
Food Preparation				Journalism			
Haz Mat Operations Certified				Date Completed:			
Construction (type)				Date Completed:			
Paramedic				Date Completed:			
Emergency Medical Technician				Date Completed:			
CERT Trained				Date Completed:			
Multi – Lingual				Languages:			
Typing Skills				WPM:			
Computer Skills				Programs:			
Other – List							
Other – List							
Other – List							

Please list any equipment and / or materials you would have access to which could be used in an emergency situation.

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