



# CLEVELAND HEIGHTS COMMUNITY EMERGENCY RESPONSE TEAM MEMBERSHIP APPLICATION

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Other number(s) where you can be reached: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Excluding traffic tickets, have you ever been convicted of a crime?  yes  no

Why are you interested in attending the Community Emergency Response Team (CERT) training?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any medical condition(s) that would hamper any hands-on activities?  yes  no

I authorize investigation of all statements contained in this application for the CERT Training Program.  
This application shall be active for a period of one year.

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

Mail to: City of Cleveland Heights  
Community Relations  
40 Severance Circle  
Cleveland Heights, OH 44118