



Fullerton Fire Department CERT/RACES Registration



Please include your personal information, emergency contact information,
and answer the questions below.

Information for _____ CERT _____ RACES Volunteer

Date: _____ (Please fill out one registration form per participant)

Name: _____ E-Mail Address: _____

Address: _____ Phone: _____

City: _____ Zip: _____ Cell Phone: _____

Emergency Contact Information—in case of emergency please contact:

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

1. Please list any previous training in emergency preparedness, first aid and/or safety you have participated in please attached copies of certifications, use a separate sheet if needed (i.e. ICS 100, ICS 200, RED Cross, CMAP Trained)

Course Title

Date Completed

_____	_____
_____	_____
_____	_____

2. What other CERT or RACES Roles have you experienced or are you might be interested in? Please describe your role, use another sheet if needed.

3. Other languages spoken: _____

Signature

Date

Return to:

Fullerton Fire Department; Kristi Hofstetter Batiste
312 E. Commonwealth Ave.
Fullerton, CA 92832
(714) 446-1454
Email: Kbatiste@fullertonfire.org