

FORT MYERS BEACH FIRE CONTROL DISTRICT

Fire Prevention Bureau
Community Emergency Response Team
100 Voorhis Street
Fort Myers Beach, FL 33932
Office 239-463-6163
Fax 239-463-6761



CERT MEMBERSHIP APPLICATION

Name: _____ Application Date: _____

Date of Birth: _____ Social Security Number: _____

Home Address: _____ City: _____ State: _____

Occupation: _____

Home Phone: _____ Work Phone: _____ Cell: _____

E-Mail Address: _____

Are you a year round resident of the district? _____ When are you a resident of district? _____

Reason to become a CERT member: _____

Do you have any special skills, hobbies, etc.: _____

Do you have any physical restrictions? (Back problems, allergies, etc). _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

CERT training can be inherently dangerous. You may be lifting, carrying heavy objects, stooping, and bending. You may be kneeling for periods of time, and working around fire and dry chemical extinguishers. Every precaution shall be taken to ensure your safety. As a CERT member, you will be trained in a variety of disaster preparedness and rescue activities that will allow you to assist local first responders in an emergency. Upon completion of all required CERT modules, activities, and scenarios, you will receive a Fire District CERT id card and a CERT backpack. All items issued to you remain the **property of the Fort Myers Beach Fire Control District** and will be returned upon request. If you have any questions about becoming a CERT member or about the CERT program please contact the Public Information Officer at 239-463-6363 ext.233.

SIGNATURE AND RELEASE

I, the undersigned participant, hereby release the **Fort Myers Beach Fire Control District**, or any other agents or sponsors from any liability or obligation arising from, or in connection with my participation with CERT.

Signature

Date

Date received: _____ Background completed: _____ Reviewed by: _____