



**CITY OF SAN JUAN CAPISTRANO
COMMUNITY EMERGENCY RESPONSE TEAM
CERT APPLICATION**

Date: _____ (PLEASE PRINT CLEARLY)

Name: _____

Home Address: _____

City and Zip: _____

Daytime Phone: _____ Cell Phone: _____

Evening Phone: _____ E-Mail: _____

1) How did you find out about our CERT program?

2) Are you 18 years of age or older? Circle Yes or No.

3) If under 18 years of age, please print age: _____

4) _____

Signature

**Return to: Michael Cantor, Emergency Services Coordinator
City of San Juan Capistrano
32400 Paseo Adelanto
San Juan Capistrano, CA 92675**

(FAX - 949.488.3874, Office - 949.234.4565)

<i><u>This box for City Staff Only</u></i>	
Date of First Class: _____	CERT Class # _____
Outstanding session(s) to be completed prior to certification: _____	
Date Certified: _____	