



Key West Fire Department

Division of Emergency Management & Training
Community Emergency Response Team Registration Form

Personal Information:

Mr. [] Mrs. [] Ms. [] First Name Last Name

Address: Street / Apt. No. City Precinct No. FL State ZIP

Date of Birth: Occupation: Employer:

Contact Information:

Daytime: () ext: Nighttime: () ext:

FAX: () Pager: () Cell: ()

E-mail:

SSN: (OR) Driver's License No.:

Education Information:

Have you completed a CPR course? Yes [] No [] Month / Day / Year completed: / / .

Are you a CPR instructor? Yes [] No [] Month / Day / Year completed: / / .

Class Schedules:

- My best times for classes are:
[] Weekdays (M-F daytimes)
[] Weekdays (M-F evenings)
[] Weekends (daytime)
[] I want to organize a CERT Team in my neighborhood. Please contact me and help me.



For more information on the Key West CERT program contact Division Chief Craig Marston via email: cmarston@keywestcity.com or phone, 305.292.8145