



Key West Fire Department

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

**Personal Information:**

Mr.    
Mrs.  First Name \_\_\_\_\_ Last Name \_\_\_\_\_   
Ms.

Address: \_\_\_\_\_ FL \_\_\_\_\_   
Street / Apt. No. City State ZIP

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**Contact Information:**

Daytime: (\_\_\_\_) \_\_\_\_\_ ext: \_\_\_\_\_ Nighttime: (\_\_\_\_) \_\_\_\_\_ ext: \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

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

**Residency Information:**

Full time resident \_\_\_\_\_ Winter resident \_\_\_\_\_ Summer resident \_\_\_\_\_ Other \_\_\_\_\_

**Education Information:**

Have you completed a CPR course in the past two years ? Yes  No

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◆ For more information on the local CERT program contact:

via email: [aaverette@cityofkeywest-fl.gov](mailto:aaverette@cityofkeywest-fl.gov)  
via phone 305-809-3933

