



City of Claremont
Community Emergency Response Team
Application



Last Name	First Name	Middle Name		
Home Address				
City	State	Zip	E-Mail Address	
Home Telephone Number	Work Telephone Number	Cell Phone Number		
Date of Birth	Driver License Number	License Expiration Date		
Occupation				
Hair Color	Eye Color	Height	Weight	Blood Type (Optional)

Have you ever been convicted, imprisoned, or placed on probation or parole for an offense other than a traffic citation or traffic misdemeanor? Yes No

Please list your previous emergency response training and experience (CPR, First Aid, EMT, M.D., R.N., Firefighter, Police Officer, Search and Rescue, etc.). Previous Training is not necessary in order to become a member of the CERT Program.

Please briefly state why you wish to participate in the Community Emergency Response Team program (limit your response to this page). Check here if you would like to complete the training sessions only and do not want to become a member of the Community Emergency Response Team .

I certify that the information provided on this application is true and complete to the best of my knowledge. I authorize the Claremont Police Department to make inquiries and investigations that are limited to this program.

Signature (If under 18 Years Old, Signature of Parent/Legal Guardian) Date

Please submit your application to: Debbie Trevino, Claremont Police Department, 570 W. Bonita Ave., Claremont, CA 91711. If you have any questions, please call Sergeant Karlan Bennett at (909) 399-5409 or Debbie Trevino at (909) 399-5420.