

Merritt Island CERT, Inc.
Sponsored by
Brevard County Fire Rescue
Community Emergency Response Team Program

Application Form

Last Name _____ First Name _____ MI _____

Address _____ Telephone # _____

City _____ Zip Code _____

Date of Birth _____

E Mail Address _____

Name of Sub-Division (neighborhood) _____

Occupation: _____

Have you completed CPR Course? _____? First Aid? _____ When _____

Do you have any disaster-related training or experience? _____
What? _____

Are you a licensed Amateur Radio Operator? _____ Call Sign _____

Are you a: Medical Doctor _____ RN _____ LPN _____ Paramedic _____ EMT _____

Are you physically fit to participate in this program? _____

Please return to: Merritt Island CERT, Inc.
P.O. Box 542663, Merritt Island, Florida 32954-2663
(321) 454-3970 (Dave McCoy)
(321) 452-8360 fax