



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



**Application Form**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E Mail Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Sub-Division (neighborhood) \_\_\_\_\_

Full Time Resident Yes No Approx. Dates Away: \_\_\_\_\_ to \_\_\_\_\_

Current or Former Occupation: \_\_\_\_\_

Date you completed CPR Course? \_\_\_\_\_ AED \_\_\_\_\_ First Aid? \_\_\_\_\_

Have you have any disaster-related training or experience? Yes No

If so, What? \_\_\_\_\_

Are you a licensed Amateur Radio Operator? Yes No 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)**