Sandoval County Community Emergency Response Team (CERT) Training

**Application Form (*Please Print Clearly*)**

**Personal Information**

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City, State, & Zip |  |
| **Nearest Cross Streets** |  |
| **Mailing Address**  *(if different from above)* |  |

**Phone Numbers**

|  |  |
| --- | --- |
| **Home:** | **Work:** |
| Cell/Pager: | Email: |
| Emergency Contact Name: | Emergency Contact Phone Number: |

|  |  |  |
| --- | --- | --- |
| **Driver’s License**  **Number or ID #** |  | **Issuing State:** |
| **Expiration Date:** |  |  |

|  |  |
| --- | --- |
| **Signature:** | Date: |

|  |  |
| --- | --- |
| **How did you hear about the**  **Sandoval County CERT Program:** | **Website: [ ] Newspaper: [ ]**  **Friend: [ ] Work: [ ]**  **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Please mail or email completed Application to:

Seth Muller **OR**  Carlos Chavez

Sandoval County Emergency Manager SCFR Deputy Chief of Operations

PO Box 40 PO Box 40

Bernalillo, NM 87004 Bernalillo, NM 87004

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