COSTA MESA FIRE & RESCUE
COMMUNITY EMERGENCY RESPONSE TEAM &
CITIZEN'S FIRE ACADEMY
Registration Form

NAME:_____

ADDRESS: _____

(City) (Zip)

WORK ADDRESS: _____

(City) (Zip)

TELEPHONE NUMBERS: _____ / _____

(Home) (Work)

EMAIL: _____

DRIVER'S LICENSE# _____ STATE _____EXP. DATE _____

OCCUPATION _____

EMERGENCY CONTACT NAME: _____

PHONE: _____ ALTERNATE PHONE: _____

Which program (s) are you interested in? CERT _____ Citizen's Fire Academy _____

WHICH CERT COURSE YOU ARE INTERESTED IN?

_____Weeknight Course 6-9 pm (one evening for 7 weeks). Preferred day:_____

_____Weekend Course (Friday evening 6-10 pm, and full Saturday and Sunday 830 am to 430 pm)

I consent to a criminal records check and/or fingerprints (taken by CMPD) if required for eligibility to participate in CERT activities or the Costa Mesa Citizen's Fire Academy. I agree to abide by all rules and regulations while participating.

Applicant's Signature _____ Date _____

MAIL, PDF, FAX OR DELIVER APPLICATION TO: CERT/Citizen's Fire Academy ~ Attn: Brenda Emrick - MAIL: Costa Mesa Fire Department, Fire Administration, 77 Fair Drive, Costa Mesa, CA 92626 Fax: 714.327.7408 or Brenda.emrick@costamesaca.gov