

Moreland Hills Emergency Response Team Membership Application

CERT – Citizens Emergency Response Team: Personal Information

Name: _____ Address: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Place of Employment: _____

Can we contact you at work? Yes No Work Phone: _____

What is your work schedule / Hours: _____

Licensing and Specialized Training

Do you have a valid drivers license? Yes No *(If yes, please attach a copy)*

Do you have any special license classification? Yes No If yes, specify: _____

What type of transportation do you have? Car Truck Van Other

Do you have an amateur radio license (HAM)? Yes No If yes, indicate below:

Class: _____ Call Sign: _____

Do you have any specialized training or licensing (Medical, Public Safety, Electronic, Computer,

Construction, Firearms, etc.): Yes No If yes, describe: _____

Describe your general health: Good Fair Poor

Please list any physical limitations we should be aware of: _____

Emergency Contact Information

Primary emergency contact name / relationship: _____

Home Number: _____ Work _____ Cell _____

Forward to: **Sgt. Caroline Tackla**
C/O Moreland Hills Police Dept.
4350 SOM Center Road
Moreland Hills, OH 44022