

# Jefferson County CERT Disaster Exercise 2006

## Participation Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone numbers: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Have you completed CERT Class? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, list location where class attended. \_\_\_\_\_

\* Please bring this form with you to check-in.