



**HOCKING COUNTY OFFICE OF HOMELAND SECURITY &
EMERGENCY MANAGEMENT**

TRAINING CLASS REGISTRATION FORM

Thank you for your interest in becoming part of a Community Emergency Response Team (CERT).

As a CERT volunteer, you will be in a position to perform a valuable service to your community in the event of a disaster. Your participation in this course is the first step toward making your community a safer place.

Pre-Registration is required to participate in the class.

NAME _____
FIRST MIDDLE LAST

ADDRESS _____
STREET APT # CITY

COUNTY STATE ZIP

PHONE (H) _____ **PHONE (W)** _____

FAX _____ **EMAIL** _____

SOCIAL SECURITY # (Required by State) _____

DATE OF BIRTH _____

AGE 14 – 17 (SIGNATURE AND PHONE OF PARENT / GUARDIAN)

PH# _____

ARE YOU A VETERAN? YES () NO ()

DATE OF CLASS _____

Mail To:

Sue Rauber, Volunteer Coordinator
Hocking County CERT
52 E. Second St.
Logan, Ohio 43138