



JaxCERT

Jacksonville Community Emergency Response Team

Jacksonville Community Emergency Response Team "E-APPLICATION"

➤ This form is interactive and may be completed by using the tab key to access each field.

SECTION 1: APPLICANT INFORMATION

Applicant Name [First, Mi, Last] :

Applicant Mailing Address [Street, City, State, Zip] :

E-Mail: **Cell Phone:** **Home Phone:** **Work Phone:**

Employer: **Date Of Birth:** **Languages Spoken:**

What course date do you prefer? [Season and Day Of Week]:

How did you find out about of us?

SECTION 2: EMERGENCY CONTACT

Emergency Contact Name: **Relationship:**

Cell Phone: **Home Phone:** **Work Phone:**

Street Address [Street, City, State, Zip]:

Are there any medical problems or issues of which we should be aware in the event of an emergency? If so, please list them:

SECTION 3: BACKGROUND

Have you ever pleaded "nolo contendere" to or been convicted or found guilty of a first degree misdemeanor or felony?
[yes or no]:

If yes, please give date, nature of offense and disposition:

*SECTION 4: ATTEST AND SUBMIT

By checking the box below, I verify that all information given in this application is true to the best of my ability. I understand that misrepresentation or omission of facts requested is cause for non-appointment as a City of Jacksonville volunteer or for termination after appointment.

***Required before submitting**

Check to attest:

IF NOT APPLYING BY E-MAIL, RETURN COMPLETED APPLICATION AND ALL SUPPORTING DOCUMENTATION TO:

Laura M. Black
Citizen Corps / JaxCERT Coordinator
Emergency Preparedness Division
Fire and Rescue Department
515 Julia Street, 4th Floor
Jacksonville, FL 32202
904-630-0600 (fax)