



JaxCERT

Jacksonville Community Emergency Response Team

JaxCERT Application Form

Personal Information (print neatly):

Name: _____
(Last) (First) (MI)

Address: _____
(Street name & #) (Apt #)

(City) (State) (Zip)

Email: _____

Authorize use of email address for contact information and updates:
_____: (initials)

Phone: _____ Alternate Phone: _____
(Area code) xxx-xxxx (Area code) xxx-xxxx

Over 18 years of age: _____ (must have guardian consent if under 18)
(initials)

Employer: _____

Have you ever pleaded "nolo contendere" to or been convicted or found guilty of a first degree misdemeanor or a felony?

No Yes

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

How did you find out about JaxCERT: _____

What class do you plan to attend? _____ (ex. Spring)

(Signature) (Date) Return to: George Fox, 904-645-0124
Fax: 904-645-7074 Email: gfox@coj.net