



REGISTRATION FORM
Community Emergency Response Team (CERT) Program
Spring 2012 Class

STUDENT INFORMATION

LAST NAME _____ FIRST NAME _____

STREET/MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ WORK PHONE _____

ALTERNATE/CELL PHONE _____

E-MAIL _____

Have you attended a previous CERT Program? _____yes _____no

If yes – Date and Location: _____

Have you attended OCEAN CITY UNIVERSITY? _____yes _____no

Have you attended the CITIZENS POLICE ACADEMY? _____yes _____no

For submission and/or further information please contact:

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