

**Brevard County Office of Emergency Management  
Community Emergency Response Team Program**

**Application Form**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

E Mail  
Address \_\_\_\_\_

Name of Sub-Division  
(neighborhood) \_\_\_\_\_

Occupation:  
\_\_\_\_\_

Have you completed CPR Course? \_\_\_\_\_? First Aid? \_\_\_\_\_ When \_\_\_\_\_

Do you have any disaster-related training or experience? \_\_\_\_\_  
What? \_\_\_\_\_

Are you a licensed Amateur Radio Operator? \_\_\_\_\_ Call Sign \_\_\_\_\_

Are you a: Medical Doctor \_\_\_ RN \_\_\_ LPN \_\_\_ Paramedic \_\_\_ EMT \_\_\_

Are you physically fit to participate in this program? \_\_\_\_\_

**Please return to: Brevard County Office of Emergency Management  
1746 Cedar Street, Rockledge, Florida 32955  
(321) 637-6670  
(321) 633-1738 fax**