



Registration Information					
County of Residence:					
Name (Last):		(First):		(Middle):	
Home address :					
City:			State:		Zip Code:
Home Phone#			Work Phone #:		
Cell Phone #			Pager #:		
Email:			Radio Call Sign:		Sex ( M/F)
			Blood Type:		
Driver License #:		Height:	Weight:	DOB:	Eye color:
			Hair color:		
Physical Limitations or Disabilities (if any):					
Have you ever been convicted of a crime or served time in prison in the last 10 years?					
If yes, please give an explanation of conviction(s). Please include the date, exact charge, jurisdiction and disposition. Note: A conviction is not an automatic bar to employment. Each case is considered separately based upon its relation to duties of the position. Please use back of form for explanation.					
Areas of special, Professional or Volunteer expertise:					
Person to Notify in Case of Emergency					
Name (Last):		(First):		Relationship:	
Day Phone:		Evening Phone:		Pager:	

I attest that I am at least eighteen (18) years of age and that the information on this form is correct to my best knowledge and belief.

\_\_\_\_\_  
Signature (parent or guardian If a minor)

\_\_\_\_\_  
Date

East County Fire and Rescue – CERT  
ATTN: CERT Coordinator  
600 NE 267th Ave.  
Camas, WA 98607

**Send Check for \$30.00 made out to ECFR CERT along with application. You will receive correspondence acknowledging your acceptance.**