



DALLAS COMMUNITY EMERGENCY RESPONSE TEAM  
TRAINING APPLICATION

Class Name/Location \_\_\_\_\_ you are registering for.

Name: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_      Age: \_\_\_\_\_      Sex: F or M

Preferred E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Texas      Zip: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_      Volunteer Organization \_\_\_\_\_  
(if applicable)

T-Shirt Size S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ 2XL \_\_\_ 3XL \_\_\_

Years living or working in the Dallas area: \_\_\_\_\_ Are you CPR Certified? Y or N

When does your certification expire? \_\_\_\_\_

Are you trained to use an Automatic Emergency Defibrillator? Y or N

Are you interested in other volunteer opportunities? Y or N

Are you interested in being active in emergency response in your neighborhood? Y or N

Please state any additional disaster preparedness training or programs that you would like to participate.

\_\_\_\_\_

***I UNDERSTAND THAT I WILL NOT RECEIVE COMPENSATION FOR ANY SERVICES IF I VOLUNTEER AS A DALLAS CERT VOLUNTEER. IF I DO VOLUNTEER MY SERVICES, I HEREBY AGREE TO READ THE DALLAS CERT PROGRAM RULES, REGULATIONS, POLICIES, PROCEDURES, AND CODE OF CONDUCT AND TO COMPLY WITH SUCH RULES, REGULATIONS, POLICIES, PROCEDURES, AND CODE OF CONDUCT.***

\_\_\_\_\_  
**Signed**

\_\_\_\_\_  
**Date**

Please return completed application to [cassandra.wallace@dallascityhall.com](mailto:cassandra.wallace@dallascityhall.com) or fax to 214-670-4677.