The Community Emergency Response Team (CERT) is a program that is rapidly gaining in importance in Franklin County. Trained civilians are often the first responders to our own local disasters. They play a vital role in making disaster management as effective and safe as possible for survivors and rescuers alike in our community.

FRANKLIN COUNTY FL COMMUNITY EMERGENCY RESPONSE TEAM

APPLICATION FOR ENROLLMENT

Please print responses:

NAME _____

HOME ADDRESS: _____

_____

(PLEASE PROVIDE STREET ADDRESS, P.O. BOX IS NOT ACCEPTABLE}

CONTACT INFORMATION:

HOME (_____) _____ WORK (_____) _____

CELL (_____) _____

EMAIL _____

OCCUPATION _____ EMPLOYER _____

CONTACT PERSON IN CASE OF EMERGENCY

NAME _____ RELATIONSHIP_____

PHONE NUMBERS:

HOME (_____) _____ WORK (_____) _____

MEDICAL INFORMATION

ALLERGIES:

FOOD _____

MEDICINE _____

OTHER (insect bites, grass, etc.) _____

DO YOU CARRY MEDICINE FOR ALLERGIES? YES ☐ NO ☐

IF YES, PLEASE SPECIFY

_____

IS THERE ANY PHYSICAL (SUCH AS ARM/BACK/LEG INJURIES} OR MEDICAL CONDITION {SUCH AS ASTHMA, HIGH/LOW BLOOD SUGAR, BLEEDING DISORDERS, SEIZURES, BALANCE ISSUES/VERTIGO, ETC.) THAT LIMITS YOUR PHYSICAL ACTIVITY OR THAT THE OFFICE OF EMERGCENCY MANAGEMENT NEEDS TO KNOW IN CASE YOU NEED MEDICAL ASSISTANCE.

YES ☐ NO ☐

IF YES, PLEASE SPECIFY

_____

DO YOU CARRY MEDICINE FOR THIS MEDICAL CONDITION? YES ☐ NO ☐

IF YES, PLEASE SPECIFY

_____

****IF YOU CARRY RESCUE MEDICATION, SUCH AS AN INHALER OR EPI-PEN, PLEASE MAKE SURE IT IS READILY ACCESSIBLE TO YOU AND INFORM THE CERT MANAGEMENT TEAM THAT YOU HAVE SUCH MEDICATIONS SO WE CAN ASSIST YOU IN THE EVENT YOU NEED TO USE IT.*

APPLICANT SIGNATURE _____

DATE _____