

Orange County Community Emergency Response Team
 Instructor Registration Form



Complete this form to register as an CERT Instructor. Your information will be entered into the Orange County CERT Program Database and will not be shared with program partners or members without your consent.

Name:	
Address:	Work Phone:
	Home Phone:
	Fax:
	E-mail Address:
	Pager:
Occupation:	Employer:
Degrees / Credentials:	Training Preference: <input type="checkbox"/> Weekday <input type="checkbox"/> Weekend
Place a check next to all the areas that you have experience:	
<input type="checkbox"/> CERT Program Instructor in Another District <input type="checkbox"/> State-Offered CERT Train-the-Trainer Course <input type="checkbox"/> Animal Care and Protection <input type="checkbox"/> Fire Safety and Suppression <input type="checkbox"/> Hazardous Material Response <input type="checkbox"/> Emergency Medical Triage and Treatment <input type="checkbox"/> Search and Rescue Techniques and Markings <input type="checkbox"/> Incident Command System (ICS) Operations <input type="checkbox"/> Disaster Psychology <input type="checkbox"/> Disaster Exercise Planner / Controller Other: _____	
List your past training / presentation experience:	
Place a check next to all the courses you would like to teach:	
<input type="checkbox"/> Emergency Preparedness <input type="checkbox"/> Animal Protection <input type="checkbox"/> Fire Safety <input type="checkbox"/> CERT Team Organization <input type="checkbox"/> Emergency Medical Operations <input type="checkbox"/> Personal Safety and Property Protection <input type="checkbox"/> Light Search and Rescue <input type="checkbox"/> Disaster Simulation / Exercise Operations <input type="checkbox"/> Disaster Psychology	
Photo Consent	
Statement of Consent: "The Orange County CERT Program uses program activity photos for publicity and display purposes that may easily identify some individuals. I give the Orange County CERT Program permission to use program activity photos containing my image for these purposes."	
Signature: _____ Date: _____	
Emergency Contact	Program Use Only:
Name: _____	Date Received:
Address: _____	
Phone 1: _____ Alternate Phone: _____	
Relation: _____	
	Group Assignment:

Return To: Orange County CERT Program
 Attn: Amanda Bartolomeo
 300 W. Tryon Street, PO Box 8181
 Hillsborough, NC 27278
 Fax: 919-644-3380 Phone: 919-245-2388