

**Brevard County Fire Rescue
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 Fire Rescue
1040 S. Florida Ave, Rockledge, Florida 32955
(321) 633-2056
(321) 633-2057 fax**