

Vacaville Community Emergency Response Team REGISTRATION



**ATTACH
PHOTO
HERE**

(Picture is taken
on the first day of
class)

This block to completed only by Program Coordinator

CLASSIFICATION: VACAVILLE COMMUNITY EMERGENCY RESPONSE TEAM MEMBER

CLASS GRADUATION DATE: ___ / ___ / ___ CLASS #: _____

CARD ISSUED: Y N CARD #: _____

EQUIPMENT ISSUED: _____

OTHER: _____

PRINT NEATLY:

NAME: (Last)		First:		Mid In:	
ADDRESS:		CITY:		STATE:	ZIP:
PHONE: (Home)		Cell:	Work:	Pager:	
EMAIL:		@		Alternate email: @	
DRIVERS LICENSE: (NUMBER)		Classification (A? B? C?)	Expiration Date:		
PROFESSIONAL LICENSE		DATE OF BIRTH	Expiration Date:		
PHYSICAL IDENTIFICATION:	Eyes:	Hair:	Height:	Weight:	Blood type:
EMERGENCY CONTACT #1 NAME:				Alternate Phone:	
EMERGENCY #1 PHONE:					
EMERGENCY CONTACT #2 NAME:				Alternate Phone:	
EMERGENCY #2 PHONE:					

I agree that my photo may be used in media releases, including the City's Webpage: ___ Yes ___ No

If any information changes please fill out a new form or call 469-4729 to give updated information.

Date form completed: _____ Completed by (print name): _____

→ Signed: _____

SPECIAL SKILLS:

CPR: Y N Expiration Date: _____

First Aid: Y N Expiration Date: _____

Police Radio: Y N CB Radio Y N

OTHER: _____

PERSONAL TOOL/ EQUIPMENT WILLING TO USE:

Passenger Van: Y N

Truck: Y N

Winch: Y N

Boat: Y N

Other: _____

Mail completed form to : VCERT COORDINATOR
 c/o Vacaville Police Department
 660 Merchant Street - Vacaville, CA - 95688
 Or Fax to: (707) 449-5474
 Email—vcert@cityofvacaville.com
Open to all Residents of Vacaville age 18+
You will be notified by email when the next class is scheduled.