



City of Claremont  
Community Emergency Response Team  
Application



Last Name		First Name		Middle Name
Home Address				
City	State	Zip	E-Mail Address	
Home Telephone Number		Work Telephone Number		Cell Phone Number
Date of Birth		Driver License Number		License Expiration Date
Occupation				
Hair Color	Eye Color	Height	Weight	Blood Type (Optional)

Have you ever been convicted, imprisoned, or placed on probation or parole for an offense other than a traffic citation or traffic misdemeanor? ☐ Yes ☐ No

Please list your previous emergency response training and experience (CPR, First Aid, EMT, M.D., R.N., Firefighter, Police Officer, Search and Rescue, etc.). Previous Training is not necessary in order to become a member of the CERT Program.

Please briefly state why you wish to participate in the Community Emergency Response Team program (limit your response to this page). Check here if you would like to complete the training sessions only and do not want to become a member of the Community Emergency Response Team ☐.

I certify that the information provided on this application is true and complete to the best of my knowledge. I authorize the Claremont Police Department to make inquiries and investigations that are limited to this program.

Signature (If under 18 Years Old, Signature of Parent/Legal Guardian)	Date
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Please submit your application to: Debbie Treviño, Claremont Police Department, 570 W. Bonita Ave., Claremont, CA 91711. If you have any questions, please call Debbie Treviño at (909) 399-5420.