Print Form

COMMUNITY EMERGENCY RESPONSE TEAM TRAINING REGISTRATION FORM

Please note: This is how your name will appear on your completion certificate. ** This information is required for Workman's Comp. You will be considered a volunteer and covered under Workman's Comp by Wyoming State Statute 19-13-113(a).

NAME:**

SOCIAL SECURITY NUMBER:**

DATE OF BIRTH:**

HOME ADDRESS:

HOME NUMBER:

CELL NUMBER:

EMAIL ADDRESS:

WORK PHONE:

WORK NAME/ADDRESS:

DO YOU HAVE A CRIMINAL RECORD? ☐ **YES** ☐ **NO** If yes, please explain:

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ **YES** ☐ **NO** If yes, please explain:

If you answered yes to the above, it MAY preclude you from this course

ANY PHYSICAL LIMITATIONS: (Problems with lifting, physical exertion, etc.)

EMERGENCY CONTACT:

ADDRESS OF CONTACT:

PHONE OF CONTACT:

RELATIONSHIP:

THIS INFORMATION IS NEEDED FOR IDENTIFICATION TAGS THAT WILL BE ISSUED TO ALL GRADUATES

EYE COLOR: **HAIR COLOR:**

WEIGHT: **HEIGHT:** **BLOOD TYPE:**

PLEASE LIST OTHER MEMBERS OF YOUR TEAM, IF ANY:

1.
2.
3.

Updated September 13

PLEASE RETURN THIS FORM TO THE FOLLOWING ADDRESS:

Natrona County Emergency Management, 201 N David - 2nd Floor - Casper WY 82601
Phone: 307-235-9205 - FAX: 307-235-9652 - EMAIL: ncema@natronacounty-wy.gov