



## Pleasant Grove City Fall 2015 CERT Training Schedule

Pleasant Grove Emergency Management will be sponsoring two CERT Basic Training Sessions on the following dates:

### Session #1

Thursday	Oct 1, 2015	6:00 – 9:00 P.M.
Friday	Oct 2, 2015	6:00 – 9:00 P.M.
Saturday	Oct 10, 2015	8:00 - 12:00 P.M.

### Session #2

Thursday	Nov 5, 2015	6:00 – 9:00 P.M.
Friday	Nov 6, 2015	6:00 – 9:00 P.M.
Saturday	Nov 14, 2015	8:00 – 12:00 P.M.

You may select the session that fits your schedule, however must attend all three classes of the selected session.

The training format is as follows:

- All participants will be required to take the CERT IS-317 Course on-line prior to attending the session you have selected.
- The CERT IS-317 course can be accessed at the following:  
<http://www.fema.gov/community-emergency-response-teams>
- Proof of completion of the course and final exam will be required Prior to attending the first class of your selected session.
- Information and registration at [www.pgcity.org](http://www.pgcity.org)
- If you do not have access to a computer you may register in person at the Pleasant Grove Police Department Mon – Thurs 8:00 – 5:00 P.M.
- **Registration fee is \$38.00. Registration deadline is September 23<sup>rd</sup> for Session #1; October 16<sup>th</sup> for Session #2.**
- Classes will be held in the Pleasant Grove City City Council Chambers, 86 East 100 South.

**Taking the on-line course will allow us to hold the course to three sessions with emphasis on the practical hands-on training rather than book work.**

The C.E.R.T. training is an excellent program and we are excited to offer it to our citizens. Class size is limited to 25 people 18 years and older. It is important to pre-register by the deadline, as we need order equipment,

Questions: Contact Sherri Atwood (801)785-3506.

**PLEASANT GROVE CITY  
C.E.R.T. TRAINING APPLICATION**

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Social Security Number \_\_\_\_\_ (last 4 digits only) Drivers License Number: \_\_\_\_\_

How referred to C.E.R.T. Program: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

Areas of Specialized Training (if applicable): \_\_\_\_\_

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Wk Phone: \_\_\_\_\_

Do you have a car? Yes \_\_\_\_\_ No \_\_\_\_\_ Auto Insurance Company: \_\_\_\_\_

**Emergency Contact Information**

1. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ How Paid: \_\_\_\_\_ Check \_\_\_\_\_ Cash

**THIS INFORMATION IS CONFIDENTIAL AND IS DISTRIBUTED ONLY FOR USE IN  
CONNECTION WITH THE C.E.R.T. PROGRAM**