



City of Seattle
Office of Emergency Management
CERT Training Application

Name:

Address:

City, Zip Code:

Email:

Phone:

Is your neighborhood registered as a SNAP neighborhood? Yes No

If no, would you be willing to organize your neighborhood following CERT Training? Yes No

Do you have any physical needs that require special considerations? Yes No
If yes, please explain

Are you able to attend all classes?
10/15 (6-9pm); 10/19 (9am-1pm); 10/22 (6-9 pm); 10/26 (9am-1pm);
10/29 (6-9 pm); 11/5 (6-9 pm); 11-12 (5:30-9 pm) Yes No