

# REGISTRATION



## Vacaville Community Emergency Response Team

Vacaville Fire Department / Attn: VCERT Coordinator

650 Merchant Street, Vacaville, CA 95688

[VCERT@CityofVacaville.com](mailto:VCERT@CityofVacaville.com) \* (707) 449-5471

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NAME: (Last)		FIRST		MIDDLE:		DOB:	
ADDRESS:				CITY: VACAVILLE		STATE: CA	ZIP:
PHONE: (Home)		Cell:	Work:		Other		
EMAIL:				Alternate Email:			
PHYSICAL IDENTIFICATION		Hair:	Eyes:	Weight:	Height:	Blood type:	
EMERGENCY CONTACT #1:				Alternate Phone:			
..... Phone:							
EMERGENCY CONTACT #2:				Alternate Phone:			
..... Phone:							
DRIVERS LICENSE: (NUMBER)		Classification: (A, B or C)		Primary Language:			
				Secondary Language:			
Exp:	PROFESSIONAL LICENSE:		First Aid: <input type="checkbox"/> Yes <input type="checkbox"/> No		CPR: <input type="checkbox"/> Yes <input type="checkbox"/> No		Exp:
			Exp:				
Other: _____							

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail completed form to: VCERT Coordinator, c/o Vacaville Fire Administration,  
650 Merchant Street, Vacaville, CA 95688

Email: [VCERT@CityofVacaville.com](mailto:VCERT@CityofVacaville.com) or FAX: (707) 449-5486

Open to all Vacaville Residents 18+. You will be notified by email regarding the next scheduled class.

<i>This block to be completed by Program Coordinator</i>	
CLASSIFICATION: VACAVILLE COMMUNITY EMERGENCY RESPONSE TEAM MEMBER	
CLASS GRADUATION DATE: ____ / ____ / ____	CARD #: _____