



## Village of Addison Community Emergency Response Team (CERT) Training Class Application

I would like to register and attend the eight-session CERT training. A missed class can be made up with prior arrangements being made.

- Eight (8) sessions
- Be part of the active monthly group/meetings

**Please Print Clearly:**

<b>Name:</b>	<b>Date of Birth:</b>	<b>Driver's License Number:</b>
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**Street Address:**

<b>City:</b>	<b>State:</b>	<b>Zip:</b>
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**I consent to the performance of a criminal background check:**    \_\_\_Yes

<b>Telephone (Day):</b>	<b>Telephone (Evening):</b>
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**Email where you want to receive CERT information:**

**Your Signature Here**

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**Please mail this form (one registration per form, please) to:**

**Crime Prevention  
Addison Police Department  
3 Friendship Plaza  
Addison, IL 60101**



**FOR MORE INFORMATION ABOUT THE VILLAGE OF ADDISON CERT PROGRAM, PLEASE CHECK [WWW.ADDISONPOLICEILLINOIS.ORG](http://WWW.ADDISONPOLICEILLINOIS.ORG) OR CALL CRIME PREVENTION AT (630) 543-3080.**

**ADDISON POLICE DEPARTMENT  
COMMUNITY EMERGENCY RESPONSE TEAM PROGRAM  
PARTICIPATION WAIVER**

I, \_\_\_\_\_, hereby request to participate in the Addison Police Department Community Emergency Response Team (CERT) training program.

I agree to follow the instructions and directions of the CERT Trainers during this course of instruction and to obey all rules that may be established by the Trainers. I understand that I may be removed from the program at the discretion of the Trainers or the Citizen Corps Administrator and agree to return all training materials or supplies in that event.

To help ensure that the Addison Police Department CERT Program trains only citizen volunteers of good character, I acknowledge the necessity for and I hereby consent to the performance of a criminal background check on myself by the Addison Police Department.

I have read and understand the program outline that describes all class sections and their associated activities. I understand that this training will involve active physical participation, which includes an inherent potential risk of personal injury and/or property damage, as well as personal physical contact with instructors and other Trainees. I agree to hold the Village of Addison, the Addison Police Department, and their employees, agents, instructors and volunteers harmless from any and all claims, actions, suits, and/or injury that I may suffer as a result of my participation in the CERT training.

As a participant in the CERT training program, I grant the Addison Police Department the right to take photographs or videos of me while engaged in the Program and to use those images in any print, electronic, digital or other media.

I have read this *Participation Request* in its entirety. I fully understand its terms and sign it freely and voluntarily.

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
INSTRUCTOR SIGNATURE

\_\_\_\_\_  
DATE