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**HEBER CITY POLICE DEPARTMENT  
Community Emergency Response Team (CERT)  
TRAINING APPLICATION**

Please print the information below, as you would like it to appear on your certificate.

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **UT** \_\_\_\_\_  
Street City Zip

**Telephone: Home** \_\_\_\_\_ **Work** \_\_\_\_\_

**Cell** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Drivers License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Specialized Training/Background:**

**HOLD HARMLESS AGREEMENT**

The undersigned agrees to hold Heber City Corporation, its agents and employees harmless from injury to property or person resulting from or arising out of my participation in the above mentioned course/activity or activities relating to this course/activity.

Participant Signature \_\_\_\_\_

This information is confidential and is distributed only for use in connection with the development and implementation of the CERT program.