



SAFETYnet Program

APPLICATION

The information voluntarily provided herein by Applicant is assembled solely for the purpose of providing volunteer services to persons with unique physical or mental challenges in the event of an emergency situation warranting the activation of the Community Emergency Response Team ("CERT"). *Please print or type clearly.*

Client Name: _____

Client Address: _____
(Street number) (Street name) (City) (Zip code)

Client Phone: Home: () _____ Cell: () _____

Client E-mail: _____

Emergency Contact 1

Name: _____ Relationship to Client: _____

Address: _____
(Street number) (Street name) (City) (Zip code)

Phone: Home: () _____ Cell: () _____

E-mail: _____

Emergency Contact 2

Name: _____ Relationship to Client: _____

Address: _____
(Street number) (Street name) (City) (Zip code)

Phone: Home: () _____ Cell: () _____

E-mail: _____

For routine updates to the database, who should be contacted?

Client (directly) Emergency Contact 1 Emergency Contact 2

