



# NEIGHBORHOOD EMERGENCY ACTION TEAM TRAINING APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Have you had any formal training in the following areas: (check all that apply)

Firefighting

Emergency Medical Services

Law Enforcement

Military

Emergency Management

Disaster preparedness

This course will require participants to lift objects up to 50 lbs., reach above your head, squat, bend, pull, push, drag as well as stand on your feet for extended periods of time.