



# CITY OF AUBURN

## EMERGENCY MANAGEMENT DIVISION TRAINING APPLICATION

City of Auburn Emergency Management Office/Training 25 W Main St Auburn, WA 98001	Submit via:  <b>Fax:</b> (253) 939-7769 <b>E-mail:</b> <a href="mailto:emergencyprep@auburnwa.gov">emergencyprep@auburnwa.gov</a> <b>Phone:</b> (253) 876-1925
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<b>Name:</b>		<b>Employer:</b>	
<b>Mailing Address:</b>		<b>Home Phone:</b>	
		<b>Work Phone:</b>	
		<b>Cell Phone:</b>	
		<b>E-mail:</b>	
		<b>CAPABILITIES REVIEW</b>	
		Current City of Auburn Volunteer	
		CERT Trained	
		Ham Radio License	
		First Aid Trained (current, not expired)	
<b>Date of Birth:</b>		<b>Male:</b>	<b>Female:</b>

**Course Name and/or Number:**

**Course Date(s):**

<b>Please list other Emergency Management courses you have taken:</b>	

<b>Do you have any disabilities that require special consideration? If yes, please explain:</b>	<b>Yes:</b>	<b>No:</b>
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Assumption of Risks/Exculpatory Clause: For and in consideration of the opportunity offered to me to participate in the above-named activity/activities offered by the City of Auburn Emergency Management Office, I, as evidenced by my signature below, do hereby hold harmless, release and waive all claims I may have against the City of Auburn, its officials, employees, agents, or contracted instructors, and any other person(s) involved in this activity for any and all injuries, losses or damages suffered by myself as a result of my participation in this activity/activities. I accept full responsibility for the cost of treatment for any injury, losses, damages or death suffered by myself while taking part in this activity/activities. I give permission to have my photograph taken during classes and used for publicity purposes by the City of Auburn and the White River Valley CERT Program.

<b>Signature of Applicant:</b>	<b>Signature of Parent/Guardian (if applicant is under 18 years old):</b>
<b>Date:</b>	<b>Date:</b>

**Below For Office Use Only**

<b>Approved:</b>	<b>Waiting List:</b>	<b>Prerequisite Met:</b>	<b>Withdraw:</b>	<b>No Show:</b>	
<b>NSOPW:</b>	<b>Purchase Order #:</b>	<b>Check #:</b>	<b>Fee:</b>	<b>Roster:</b>	
				<b>Database:</b>	<b>Letter:</b>