



DEPARTMENT OF DISASTER MANAGEMENT

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COMMUNITY EMERGENCY RESPONSE TEAM (CERT) WORKSHOP

REGISTRATION FORM

Name: _____

Dept./Agency/Org.: _____

Address: _____

PH.#: Work: _____ Home: _____ Fax: _____

Email: _____

Please check all the boxes that apply

- I prefer that the CERT training be held during the week of 9–13 Sept (9am-3pm)
- I prefer that the CERT training be held during the week of 16–20 Sept (9am-3pm)
- I will require a letter for my employer to release me for the training
- I am interesting in being part of the National Volunteer Registry (sign up at www.bviddm.com)

Signature _____

Please complete and hand deliver, mail or fax to the address listed above or your district officer