



# Lawrence Community Emergency Response Team

## Trainee Application

I would like to register for the next session of CERT training and would like to attend:

Saturday mornings

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone #(     ) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please mail this form (One registrant per form, please) to:**

Lawrence CERT  
c/o Lawrence Fire Dept  
65 Lowell Street  
Lawrence, MA 01840

**For more information about Lawrence Mass CERT program,  
please call Jim Hoole at (978) 975-3100 Ext 113, Bob Kneeland Jr at 1-978-618-4744  
or Ely Nieves (English/Spanish) at 978-725-4759  
E-mail: CERT\_LAW\_MASS@msn.com**