



WEST SENECA CERT (Community Emergency Response Team) Course

Last Name _____ First Name _____ M.I. _____

Address _____

Telephone Number _____ - _____ - _____ Email Address _____

All applicants must be at least 16 years of age, and reside in West Seneca. All of the information on this application must be true and accurate.

Signature _____ Date _____

This application form should be completed and returned to the

West Seneca Office of Disaster Preparedness

At: 1250 Union Rd, West Seneca, NY 14224. If you have any questions, please call (716) 558-3238
between the hours of 9:00 a.m. and 5:00 p.m.

*The course will begin **March 23, 2010** and run for Six sessions.*

*Classes will be held at on **Tuesdays & Thursday evenings** from 7:00 p.m. until 9:00 p.m.*

AT: Vigilant Fire Hall 666 Main Street, West Seneca, New York 14224

Application must be returned no later than March 19, 2010



