



# Livingston Parish CERT Questionnaire

Name \_\_\_\_\_ SS# (last 4) \_\_\_\_\_ Shirt Size \_\_\_\_\_ Date \_\_\_\_\_

Please check which units you would like to be a part of:  
(You may choose more than one.)

- |   |                                   |                              |
|---|-----------------------------------|------------------------------|
| <input type="checkbox"/> Communications | <input type="checkbox"/> Shelter  | <input type="checkbox"/> EOC |
| <input type="checkbox"/> POD Site       | <input type="checkbox"/> Training | <input type="checkbox"/> DAT |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Other    |                              |

What type of training would you like to see?

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What type of medical training would you be interested in?

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What is the best way of contacting you for an activation?

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Would you be interested in assisting community preparedness talks?

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Do you have internet access for online classes?

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