



City of Colonial Heights **CERT** Training Registration

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Home Phone: (____) ____-____ Cell Phone: (____) ____-____

Work Phone: (____) ____-____

Please list any Special Skills or Training you have already received:
(Ex: able to speak Spanish or sign language, certified CPR, etc.)

Please Return Applications to Kevin Kiddy either by E-Mail or regular mail.

Address: 100-B Highland Ave, Colonial Heights, VA 23834

E-Mail: kiddyk@colonialheightsva.gov