

## FUMC CPR TRAINING

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

Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

Volunteer Area: \_\_\_\_\_

(Security Team, Usher, Greeter, Teacher, Witt House, Staff)

\_\_\_\_ I am already CPR Certified.

\_\_\_\_ I am interested in CPR training (including defibrillator training)

This training will be 3-4 hours in length. What time(s) would you be available to take a class?

Weeknight (5:30-9:30): M\_\_\_\_ Tu\_\_\_\_ W\_\_\_\_ Th\_\_\_\_ F\_\_\_\_

Saturday (8:00-12:00): \_\_\_\_\_

Saturday (1:00-5:00): \_\_\_\_\_

Sunday (1:00-5:00): \_\_\_\_\_

Sunday (2:00-6:00): \_\_\_\_\_

Sunday (3:00-7:00): \_\_\_\_\_

\_\_\_\_ I am interested, but none of these times work for me.

**\*\* Please place your completed form in the box on the Welcome Center desk by Sunday, April 16.**