Town of Shrewsbury
Department of Emergency Management
Community Emergency Response Team (CERT)
VOLUNTEER ENROLLMENT REQUEST FORM

NAME: (Last, First, Middle Initial)

Maiden Name or Alias:

Date of Birth [/ /] Place of Birth: SS#:

Current Address:
City: State: Zip:
Home Phone: ( ) Cell ( ) Work ( ) Pager No ( )

Email Address:

Driver's License/I.D.#: State:

Have you ever been convicted of a crime other than minor traffic violation? Yes [ ] No [ ]
Are you currently awaiting trial, on probation or parole? Yes [ ] No [ ]
Have you ever appeared in court as a defendant, regardless of the outcome? Yes [ ] No [ ]
Are you required to register with any government agency? Yes [ ] No [ ]
(If any answers to the above questions are YES, please attach written explanation)

Current or most recent employer:

Address:
City: State: Zip:

EMERGENCY CONTACT:

Name: Relationship:
Address:
City: State: Zip:
Phone: ( )

PERSONAL REFERENCE:

Name:
Address:
City: State: Zip:
Phone: ( )

Why do you want to join the CERT program?

Special Qualifications: Please list any special training or other qualifications you may have:

Are you bi-lingual? Yes [ ] No [ ]
If yes, what language(s) do you:
Speak: Read: Write:

Do you have a disability? Yes [ ] No [ ]
If yes, list any special accommodations needed:

All applicants must undergo and pass a criminal and character background check at least annually. Participation in the program by any member is at the discretion of the Town of Shrewsbury Emergency Management Staff.

I declare under penalty of perjury that all statements on this enrollment form are true and complete to the best of my knowledge. I understand that false, misleading, or incomplete information shall be cause for disqualification or termination from future participation with Shrewsbury CERT. If, for any reason, I am no longer involved in the program, or declared "inactive" by the Town of Shrewsbury Emergency Management Staff for any reason, I will return any issued equipment upon request.

Volunteer (Please print)

Name:

Signature: Date:

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For Emergency Management Staff

Approved by: _____ Date: [/ /]