



**TOWN OF SOUTH WINDSOR
OFFICE OF EMERGENCY MANAGEMENT
South Windsor - Community Emergency Response Team (CERT)
Application for Membership**

Full Name: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Primary Email Address: _____

Secondary Email Address: _____

I am 18 years or older: _____ D.O.B _____ / _____ / _____

Drivers License#: _____

Have you ever been arrested, other than a minor traffic offense? _____

If yes, please list when, where and offense:

Employer Information

Employer Name: _____

Emergency Contact Information

Name and phone number of person to contact in the even of an emergency:

This program **does** include physical activity. Do you require special accommodations to participate in this program?

(Please explain)



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South Windsor CERT Application (page 2)

How did you hear about CERT?

Why do you want to be a member of the South Windsor CERT Team?

Please provide information about special interests, community involvement or special skills that you feel may be useful to the team.

Specialties

South Windsor CERT has opportunities to specialize in many areas are you interested in any of the following:

Emergency Communications: _____

Emergency Operations Center support: _____

Community Awareness & Preparedness: _____

Shelter Operations: _____

Other: _____

I understand that a background check will be conducted on all applicants. I authorize a background to be conducted on me based upon this application. I give permission for any still photography or video footage in which I may appear to be used for whatever purpose deemed appropriate. I do this voluntarily and with the understanding there is no remuneration. I certify that all of the above information is true.

Signature: _____ Date: _____
