## Norwell CERT – Community Emergency Response Team Volunteer Application

Persons 18 years or older

Please print in blue or black ink and fill out application entirely. Failure to complete entire application may result in denial of training.

By completing this application in its entirety, you will help the instructional team understand the general profile of the class they are teaching. Submitting an application does not guarantee admittance to the next scheduled class, however it assures that your interest is recorded.

## **Personal Information**

Name:			
Last	First	MI	
Date of Birth:	Age: SSN:		
Street Address:			
City/State/Zip code:			
What is your profession:			
Home Phone: ()	Work Phone: ( )	Ext:	
Cell Phone: ( )	Pager: ( )	· 	
Email address:			
Emergency Contact Info	rmation		
Name:			
Last	First		
Street Address:			
City/State/Zip code:			
Home Phone: ( )	Work Phone: ( )	Ext:	
Cell Phone: ( )	Pager: ( )		

Have you ever been convicted of a felony? Yes or No			
If yes, please explain:			
□ Consent for limited background investigation			
Upon conditional acceptance to the Community Eme consent to a criminal records check and provide my S			
Give a brief description of background and or special	training:		
	<u> </u>		
Do you speak a foreign language? Yes or No			
If so, please list:			
Degree; Licenses; Certifications (w/Registration Number	s):		
Signature	Date		

**Privacy Act Statement**: This information is requested by Norwell Community Emergency Response Team and is for the purpose of organizing volunteers and staff to respond to public emergencies. It will not be utilized or released for any other purpose without your express written permission unless required by law, and all information will be kept in a secure manner.

Please mail to: Norwell Fire Department 300 Washington Street Norwell, MA 02061

Contact: Chief David Kean 781-659-8158, <u>dkean@norwellfire.org</u>
CERT Civilian Coordinator Arthur Joseph-NorwellCERT@gmail.com