



Town of East Longmeadow CERT
Co: Office of the Local Emergency Planning Committee
60 Center Square, East Longmeadow, MA 01028-2929

Selectmen's Office – (413) 525-5400 ext.1100

C.E.R.T. - Community Emergency Response Team

VOLUNTEER APPLICATION FORM

Application Date: _____

Last Name _____ First Name _____ Initial(s) _____

Date of Birth: Day _____ Month _____ Year _____

Address/Home: _____

Business: _____

Telephone: Home _____ Business _____ Fax _____

Cellular _____ Email _____

Drivers License (Privacy Assured) # _____ Class _____ State _____

In Case of Emergency Notify: _____ Relationship _____

Home Phone: _____ Business: _____

Address: _____

Special Skills/Training –

Volunteer Areas of Interest: Check one or more:

- | | |
|---|--|
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Public Awareness | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Special Needs | <input type="checkbox"/> Language Services |
| <input type="checkbox"/> Pet Care | <input type="checkbox"/> Security |
| <input type="checkbox"/> Office Work | <input type="checkbox"/> Volunteer Development |
| <input type="checkbox"/> Food Services | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Lodging | <input type="checkbox"/> Personal Services |
| <input type="checkbox"/> Search & Rescue | <input type="checkbox"/> Fundraising |

Medical History: If you have any history of the following (please circle)

- | | |
|------------------|---------------------|
| Hernia | Hepatitis |
| Asthma | Tuberculosis |
| Fainting | Heart Problem |
| Dizziness | Epilepsy |
| Allergies | Hypertension |
| Arthritis | Diabetes |
| Back Problems | Respiratory Trouble |
| Glasses/contacts | Regular Medication |
| Hearing Problems | Other _____ |

MILITARY SERVICE INFORMATION

Branch of service _____

Highest Rank Achieved _____

Job Title: _____ Duties: _____

Total Length of Service Time: _____

EMPLOYMENT

Company Name: _____

Company Address: _____
Street City State Zip Code

Supervisor's Name: _____ Telephone Number: _____

Your Title: _____ Date: from mo. _____ yr. _____ to mo. _____ Yr. _____

Your Duties: _____

Reason for Leaving: _____

May we contact? Yes _____ no _____

I, _____, agree to serve as a volunteer and commit to the following:

1. To perform my volunteer duties to the best of my ability.
2. To adhere to the societies rules and procedures, including record-keeping requirements and confidentiality of society and client information.
3. To meet time and duty commitments, or to provide adequate notice so that alternate arrangements can be made.

ATTENTION: READ THE FOLLOWING STATEMENTS BEFORE SIGNING THIS DOCUMENT

As a volunteer for East Longmeadow Office of Emergency Management, I understand and agree that the Town may make a thorough investigation of my past employment and activities. (This may include, but not be limited to, a motor vehicle operator and police record investigation.) I hereby release you, your organization or others from any liability or damages which may result from the exchange of the information requested.

I also certify that all statements contained herein or at any step of the volunteer process are true, complete and correct to the best of my knowledge. I understand a false answer or material omissions may be grounds for refusing volunteer services at the East Longmeadow Office of Emergency Management.

Signed

Date

**EAST LONGMEADOW COMMUNITY EMERGENCY RESPONSE TEAM PROGRAM
HOLD HARMLESS/PERMISSION REQUEST**

I, _____, hereby request permission to participate in the East Longmeadow Community Emergency Response Team (CERT) program. I understand that this training will involve active physical participation, which includes a potential risk of personal injury and/or personal property damage. I make this request with full knowledge of the possibility of personal injury and/or personal property damage. Further, I have read and understand the program outline that describes all class sections and the associated activities.

I agree to hold The American Red Cross, the East Longmeadow Emergency Planning Committee, East Longmeadow Fire Department, Town of East Longmeadow, and East Longmeadow Emergency Management, and their agents and personnel, harmless from any and all claims, actions, suits, and/or injury I may suffer and which may arise as a result of my participation in the above mentioned class.

I agree to follow the rules established by the instructors, and to exercise reasonable care while participating in the CERT program. I understand that if I fail to follow the instructor's rules and regulations or if I fail to exercise reasonable care, I can be administratively removed from the program.

By executing this release I certify that I have read this release in its entirety, understand all of its terms and have had any questions regarding the release or its effect satisfactory answered. I sign this release freely and voluntarily.

Signature

Date

Emergency Contact Name

Emergency Contact Number

Comments:

Signature of Instructor

Date