



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

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*Town Manager'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:**

\_\_\_ Leadership \_\_\_ Communications

\_\_\_ Public Awareness \_\_\_ Child Care

\_\_\_ Special Needs \_\_\_ Language Services

\_\_\_ Pet Care \_\_\_ Security

\_\_\_ Office Work \_\_\_ Volunteer Development

\_\_\_ Food Services \_\_\_ Clothing

\_\_\_ Lodging \_\_\_ Personal Services

\_\_\_ Search & Rescue \_\_\_ 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 society's 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.**

\_\_\_\_\_

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*Signed*

*Date*

