EAST HARTFORD

Community Emergency Response Team
31 School Street
East Hartford, CT 06108
Telephone: (860) 291-7411

John H. Oates
Fire Chief

APPLICATION TO JOIN THE EAST HARTFORD COMMUNITY EMERGENCY RESPONSE TEAM

Name: _____ Date of birth: _____

Address: _____ Home Phone: _____

Employer: _____ Occupation: _____

Business Address: _____

E-Mail Address:_____ Driver's License #:_____

Organizations with which you are involved, and any awards you have received (Scouting, Civic Clubs, Fraternal, etc.):_____

_____

Why do you wish to Join CERT? _____

_____

How did you hear about CERT? _____

Do you have any special areas of interest on the Team (HAM Radio, Canteen Support, Shelter Ops, etc.) _____

_____

Do you have any special skills or Training? _____

_____

Have you ever been convicted of a crime? If so, please explain: _____

_____

Please use reverse side of this application if additional space is needed.

SIGNATURE OF APPLICANT_____ **DATE**_____

By signing this application you are authorizing the Town of East Hartford to conduct a limited background check. Once this check has been conducted and your application has been accepted, you will be notified with further information. The Office of Emergency Management reserves the right to approve or reject any application for the East Hartford Community Emergency Response Team.

(OFFICE USE ONLY) APPROVED NOT APPROVED