



John H. Oates  
Fire Chief

**EAST HARTFORD**  
Community Emergency Response Team  
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Bruce Lockwood  
Preparedness Planning  
Assitant

**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**