



John H. Oates
Fire Chief

EAST HARTFORD

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



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