



# EAST HARTFORD

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



## COMMUNITY EMERGENCY RESPONSE TEAM (CERT) TRAINING REGISTRATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ House/Cell Phone Number: \_\_\_\_\_

City/Town: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Driver's License / ID #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Please enter 'student' if you are currently enrolled full time in high school / college training courses

Business/School Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Why do you wish to participate in CERT? \_\_\_\_\_

Please be specific

Do you have any special areas of interest within CERT? \_\_\_\_\_

HAM Radio, Canteen Support, Shelter Ops or others

Organizations with which you are involved? \_\_\_\_\_

This could be Scouting, Civic Clubs, Fraternal and others. Also list any awards or special recognitions you have received

Do you have any special skills or training? \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_

If so, please explain

How did you hear about CERT? \_\_\_\_\_

**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 Response Team Training.

OFFICE USE ONLY APPROVED

NOT APPROVED

Rev. 10/2018

(CERT Spring Training 2019)