



Auburn Emergency Management
102 Central Street
Auburn, Massachusetts 01501

APPLICATION FOR C.E.R.T TRAINING

Persons Under 18 Years of Age

Please print in blue or black ink and fill application out entirely.
Failure to complete entire application may result in denial of training.

PERSONAL INFORMATION

Name: _____
Last First Mi.

Street Address: _____ APT: _____

City: AUBURN State: MA Zip Code: 01501

Home Phone: () - School Attending: _____

Cellular Phone: () - Pager Number: () -

E-Mail Address: _____ Grade: _____

Health Insurance Carrier: _____ Health Insurance Policy Number: _____

DISCLOSURE OF PERSONAL INFORMATION (Check Appropriate Box)

Please include my minor child's Name, Address, Telephone Number and E-Mail Address on the C.E.R.T. Roster. I understand this roster is distributed to all C.E.R.T. Members.

Please do NOT include my minor child's Name, Address, Telephone Number and E-Mail Address on the Cert Roster.

CONSENT FOR LIMITED BACKGROUND INVESTIGATION

Upon conditional acceptance to the C.E.R.T. training program I will consent to a criminal record check of my minor child and provide his/her social security number and date of birth.

HOLD HARMLESS AGREEMENT

My minor child is volunteering and I am allowing said minor child to voluntarily take part in the Auburn C.E.R.T. Program. I understand that some aspects of the training program require physical activity. As a volunteer I will hold the Town of Auburn, its officers, agents, volunteers and C.E.R.T. instructors harmless for any injury or loss of life suffered during trainings or C.E.R.T. activation.

Applicant Signature

Parent / Guardian Signature

Applicant Name (Print Clearly)

Parent / Guardian Name (Print Clearly)

Date Signed

For C.E.R.T. Administration Use Only

Application Accepted Application Denied – Reason: _____

C.E.R.T. Class Enrolled In: _____

Date Acceptance / Denial Notification Made: _____ Notification Made By: Mail E-Mail Phone

Guardian Contacted to Confirm Signature via telephone on: _____ By: _____

EMERGENCY CONTACT INFORMATION In Case of Emergency Contact

Name: _____
Last First Mi.
Street Address: _____ APT: _____
City: _____ State: _____ Zip: _____
Home Phone: (____) _____ - _____ Work Phone(____) _____ - _____ Ext: _____
Cellular Phone: (____) _____ - _____ Pager Number: (____) _____ - _____

PLEASE SEND MY FRIEND BELOW C.E.R.T. INFORMATION

Name: _____
Last First Mi.
Street Address: _____ APT: _____
City: _____ State: _____ Zip: _____
E-Mail: _____

Name: _____
Last First Mi.
Street Address: _____ APT: _____
City: _____ State: _____ Zip: _____
E-Mail: _____

Name: _____
Last First Mi.
Street Address: _____ APT: _____
City: _____ State: _____ Zip: _____
E-Mail: _____

DISASTER CONTACT INFORMATION In Case of Disaster or Town Wide Crisis Contact.
(DO NOT FILL OUT UNTIL FIRST CLASS)

Name: _____
Last First Mi.
Street Address: _____ APT: _____
City: _____ State: _____ Zip: _____
Home Phone: (____) _____ - _____ Work Phone(____) _____ - _____ Ext: _____