



Auburn Emergency Management
102 Central Street
Auburn, Massachusetts 01501

APPLICATION FOR C.E.R.T TRAINING

Persons 18 Years or Older

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 / Town: AUBURN State: MA Zip Code: 01501

Home Phone: (____) _____ - _____ Work Phone(____) _____ - _____ Ext: _____

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

E-Mail Address: _____ Occupation: _____

Health Insurance Carrier: _____ Health Insurance Policy Number: _____

CERT SESSION INFORMATION

FIRST CHOICE C.E.R.T. CLASS START DATE: _____

SECOND CHOICE C.E.R.T. CLASS START DATE: _____

DISCLOSURE OF PERSONAL INFORMATION (Check Appropriate Box)

Please include my 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 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 and provide my social security number and date of birth.

HOLD HARMLESS AGREEMENT

I am volunteering to 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

Witness Signature

Applicant Name (Print Clearly)

Witness 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

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