



UXBRIDGE, MA CERT
Community Emergency Response Team
Serving Worcester County
<http://www.uxcert.org>

Date: _____

Name: _____
Last First Middle

Date of Birth: _____ Social Security #: _____

Physical Address: _____ City: _____ Zip _____

Mailing address (if different): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager Number: _____

E-Mail Address: _____

Occupation: _____ Employer: _____

Are you a member of a Neighborhood Crime Watch, Homeowner's Association, or any other organization/club, please indicate the name of the group and it's President:

Do you have physical or medical condition that might affect your participation in some of the exercises used in this course? If so, please explain:

How long have you lived in Massachusetts? _____

How long have you lived in your county? _____

Have you ever been in the Military? Yes No
If yes, what branch?

Do you have any disaster related training or experience? Yes No
If yes, please explain:

Have you ever received training in (check any that apply)?

First Aid CPR EMT LPN Paramedic RN

Other Medical: _____

Incident Command Fire Fighter Law Enforcement Hazardous Materials Fire Suppression
 Communicatons/HAM Radio Search & Rescue Disaster Preparedness Weather Emergencies
 Wilderness Survival Damage Assessment Documentation/Record Keeping Shelter Managing

Have you ever been convicted of a Felony? Yes No

If yes, please explain: _____

Authorization to do a complete criminal background investigation:

Signature of Applicant

Date

Upon completion of application, please return it to:

Human Resources
Town of Uxbridge
21 South Main St.
Uxbridge, MA 01569
Or email to: HR@uxbridge-ma.gov