

Community Emergency Response Team

Uxbridge, MA CERT

Date: ___ / ___ / _____

Name: _____
Last First Middle

Date of Birth: _____ SSN: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Home Phone: _____ Cell Phone: _____

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 its President:

Do you have any 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 served with any branch of the United States Military? Yes No

If yes, which branch? _____

(continued on next page)

Do you have any disaster related training or experience? Yes No

If yes, please explain: _____

Have you ever received training in any of the below? (check all that apply)

- First Aid CPR EMT LPN
 Paramedic RN

Other Medical Training: _____

- Incident Command Fire Fighting Law Enforcement HazMat
 Fire Suppression Communications Search & Rescue Disaster Preparedness
 Weather Emergencies Wilderness Survival Damage Assessment Record Keeping
 Shelter Managing Ham Radio

Have you ever been convicted of a Felony? Yes No

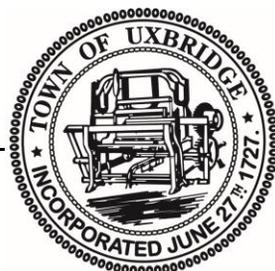
If yes, please explain: _____

By signing below, you agree to submit to a complete criminal background investigation and acknowledge the submittal of your CERT application to the Town of Uxbridge, MA.

Signature of Applicant

Date

Town of Uxbridge



Emergency Management