

BROOKLINE EMERGENCY MANAGEMENT TEAM COMMUNITY EMERGENCY RESPONSE TEAM APPLICATION

Name: _____

Address: _____

Email: _____ DOB: _____ Gender Identity: _____

Cell Phone: _____ Home Phone: _____

Occupation: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

First Aid/CPR Certified: Yes No Driver's License Issuing State and #: _____

Language Skills and Level of Fluency: _____

Special Training/Skills/Related Experience (trade skills, medical training, experience, etc.)

Specific services you could provide in an emergency (first aid/medical, faith based services, crowd control, traffic control, mass communication, physical/strenuous activities, search and rescue, counseling etc.)

Please explain why would like to apply to the CERT Program and any additional information you would like considered in support of your application:

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DISCLOSURE:

By submitting this application and signing below, I understand the following:

- I am applying to the Brookline Emergency Management Team's next CERT training
- Class meets one night per week and attendance at class is required for certification
- Due to the sensitive nature of the program and information participants will be privy to throughout the training as well as at activations, I am subject to a CORI (Criminal Offender Record Information) and background check
- Any suspicion or conviction of a misdemeanor or felony criminal charge may result in my denial from the CERT program and/or subsequent removal from the program
- If I am accepted and complete the training program, I will be subject to sensitive information and situations and have privileges the general public will not have access to and as such, agree to uphold the highest level of integrity, morals and professionalism

Printed Name _____

**COMMUNITY EMERGENCY
RESPONSE TEAM**

Date: _____

Signature _____

Please complete this application and return it along with any supporting documents by email or mail to:

Brookline Police Department
CERT Program
Attn: Officer Nick Goon
350 Washington St
Brookline, MA 02445

Email: ngoos@brooklinema.gov