Norwood CERT

Community Emergency Response Team

VOLUNTEER APPLICATION FORM

Date:_____

Male/Female

Last Name **First Name** **MI**

Address **Town** **State** **Zip**

Date of Birth:_____ **Drivers License #:_____** **SS#:_____/____/_____**

(_____)_____ **(_____)_____** **(_____)_____**
Home Phone **Work Phone** **Cell Phone**

Other:_____ **Email Address:_____**

Have you ever been convicted of a crime other than minor traffic violations? Yes No
Are you currently awaiting trial, on probation or parole? Yes No

Occupation:_____ **Employer:_____**
Please list any specialized training?_____
Other current & prior volunteer experience_____
Are you fluent in a language other than English? Yes No Please List:_____

<u>EMERGENCY INFORMATION</u>: In case of emergency, please contact:

Name **Relationship**

Address **Town** **State** **Zip**
( ) ( )
Home Phone **Cell Phone** **Other**

Medical Conditions:_____ **Allergies:_____**

If you have a disability, please list any limitations:_____

Volunteer Signature **Date**
By signing I authorize the Town of Norwood to complete a full criminal background check.
Information is confidential for program use only.

****Please use back of from to provide additional information**