



Town of
ELLINGTON, CT
EMERGENCY MANAGEMENT

55 Main Street / PO Box 187
Ellington, CT 06029
860-870-3182



COMMUNITY EMERGENCY RESPONSE TEAM

Application for Membership

Full Name: _____

Home Address: _____

Town: _____ Zip: _____

Home Telephone: _____ Cell Telephone: _____

Email Address: _____

Employer Name: _____

Work Telephone: _____ Ext: _____

Emergency Contact Information:

Name: _____ Telephone: _____

Relationship: _____

This program **does** include physical activity. Do you require special accommodations to participate in this program? Please explain.

Why do you want to be a member of the Ellington CERT Team?

Please provide information about special interests, hobbies, community involvement, special skills, and certifications (CPR, First Aid, professional medical experience, emergency services dispatcher, amateur radio license, social services, computer skills, social media/web master experience, etc.) that you feel may be useful to the team.

Special Areas of Operation

Ellington CERT has opportunities to specialize in the following areas. Please indicate your interest:

- Amateur Radio Communications
- Mountain Bike Search and Rescue
- Shelter Operations
- Emergency Operations Center Support
- Traffic Control

Criminal Background: Have you ever been convicted of or pleaded guilty or nolo contendere (no contest) to a violation of any state, federal, county or municipal law? (Do not include minor traffic violations) Yes No

If yes, please give information regarding the nature of the charge, the date and location of conviction and the final disposition of the case:

I understand that a background check will be conducted on all applicants. I authorize representatives of the Town of Ellington to obtain pertinent information regarding my background and to release such information to the Town of Ellington, and hereby release all persons from liability for any damage that may result from furnishing such information to the Town of Ellington.

I give permission for any still photography or video footage in which I may appear to be used for whatever purpose deemed appropriate. I do this voluntarily and with the understanding there is no remuneration. I understand that Supervisor approval is required for any distribution of photos, taken while participating in CERT activities, for private purposes.

I understand that my position as a CERT Member is “at will” and subject to termination at the discretion of the CERT Program Director.

I certify that all of the above information is true.

Signature: _____ Date: _____

Please attached a copy of your Driver’s License.

For CERT Administrative Use Only

Date of Interview: ____ / ____ / ____

Date of Background Check: ____ / ____ / ____ Approved
 Denied (reason) _____

Approved by: _____ Date: _____

Ellington Emergency Management