

**LINCOLN CERT - Citizens Emergency Response Team
VOLUNTEER APPLICATION**

(Please print or type)

Name:

Street Address (mailing):

City:

State:

Zip:

Day Phone:

Evening Phone:

Cell Phone:

Email:

Do you give permission to be included on our email list? Yes No

Fax #

Do you have any specific emergency preparedness/response training? Yes No
If yes, please explain:

What non-emergency skills & experience do you have?
(Please be specific—all skills are needed.)

IN CASE OF EMERGENCY CONTACT:

Name:

Phone:

Relationship:

OUT OF STATE CONTACT:

Name:

Phone:

CERT ACTIVATION BEST TEL. #:

Degrees; Licenses; Certifications (w/Registration Numbers):

Do you speak a foreign language?

Yes No If so, please list.

Do you have access to a 4-wheel drive Van, SUV, or Truck? Yes No

Level of Participation Desired: I prefer to be:

ACTIVE Receive notifications of ALL training opportunities, training drills & exercises, emergency events, as well as non-emergency volunteer opportunities.

LIMITED Receive only notification of training drills & exercises and all emergency events.

Areas where I cannot / do not wish to participate:

Are you willing to assist in Emergency Preparedness (educational outreach)?.....

Yes No

Are you willing to assist with Emergency Response?.....

Yes No

How often (monthly, quarterly, other) are you able to meet?.....

Yes No

Are you willing to take specialized courses?.....

Yes No

Do you have an emergency plan in place for yourself & the people you care about?.....

Yes No

If you have pets, are they included in your plans?.....

Yes No

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For advanced or confidential operations, are you willing to allow the Lincoln Fire Department to conduct a background check? Yes No

I do hereby give The Lincoln Fire Dept & Community Emergency Response Team permission to release personal information to local, state, and federal emergency management agencies and other emergency services agencies as needed.

Date of Birth ____/____/____

Signature: _____

SS# _____

Driver's Lic. #: _____

Date: _____

Location Preference for Responding (Check all that apply):

- Your town only
- Region 4a New England
- Anywhere in the U.S.
- Surrounding Towns
- State
- East Coast
- Anywhere in The World

Signature

Date:

Privacy Act Statement: This information is requested by Lincoln Community Emergency Response Team and is for the purpose of organizing volunteers and staff to respond to public emergencies. It will not be utilized or released for any other purpose without your express written permission unless required by law, and all information will be kept in a secure manner.

Application may be mailed or faxed to the contact listed below:

**Lt. Gary Longo
169 Lincoln Rd
Lincoln Ma.01773**

**Email: longogar@lincolntown.org
Phone: 781-259-8114
Fax: 781-259-9289**