



# ORLAND CERT COMMUNITY EMERGENCY RESPONSE TEAM APPLICATION

<b>NAME:</b> (Last, First Middle)			
<b>ADDRESS:</b>	<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>HOME PHONE:</b>	<b>CELL PHONE:</b>	<b>SOCIAL SECURITY NUMBER: (optional)</b>	
<b>E-MAIL ADDRESS:</b>			
<b>DATE OF BIRTH:</b>	<b>DRIVER'S LICENSE NUMBER:</b>	<b>STATE:</b>	
<b>EMPLOYER:</b>	<b>OCCUPATION/TITLE:</b>	<b>EMPLOYER PHONE:</b>	
<b>ADDRESS:</b>	<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>HAVE YOU EVER BEEN ARRESTED/CONVICTED OF A FELONY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please give detailed description of event including location and disposition: _____			
<b>DO YOU HAVE ANY EXPERIENCE OR TRAINING IN SAFETY/EMERGENCY RESPONSE PROCEDURES OR HAVE YOU PREVIOUSLY COMPLETED CERT TRAINING?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: _____			
<b>DO YOU HAVE ANY PHYSICAL RESTRICTIONS/CONDITIONS THAT WOULD PREVENT YOU FROM DOING BASIC MANUAL LABOR (debris removal, patient transport, etc.)?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: _____			
<b>IF A MAJOR EMERGENCY OR DISASTER IMPACTED YOUR NEIGHBORHOOD OR VILLAGE/TOWNSHIP, WOULD YOU BE WILLING TO PROVIDE BASIC EMERGENCY ASSISTANCE UNTIL PROFESSIONAL EMERGENCY RESPONSE ARRIVED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>I ATTEST THAT ALL OF THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT I MUST PASS A CRIMINAL HISTORY AND BACKGROUND CHECK.</b>			
Applicant Signature _____		Date _____	
If Under 18, Signature of Parent or Legal Guardian _____		Date _____	