



Geoffrey Morgan
Director

TOWN OF BRANFORD
OFFICE OF EMERGENCY MANAGEMENT
33 LAUREL STREET
BRANFORD, CONNECTICUT 06405

Voice: (203) 315-3914
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Fire Chief John Ahern
Assistant Director



CERT Program Volunteer Application & Informational Sheet.
(All information is kept confidential)

Please Print

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Do you have any disabilities? Yes No

If yes, please list any accommodations needed: _____

Please list any special talents, skill, abilities and/or certifications you have: _____

Background Information & Authorization:

I do authorize, if necessary, the Town of Branford, Connecticut to conduct a criminal background check via local, state or federal Law Enforcement agencies due to the sensitivity of Emergency Management roles, and its operation.

Date of Birth: ____/____/____ Social Security #: _____-____-_____

Driver's License # _____ State: ____ Type: _____ Exp.Date: _____

Have you ever been convicted of a felony crime? Yes No

Emergency Information

In case of emergency, person to contact should be:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Privacy Act Statement

General – This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals applying for admission to the Branford CT. CERT Program.

Authority – 5 U.S.C.301; 15 U.S.C. 2206; 44 U.S.C. 3101; 50U.S.C. App. 2253 and 2281; E.O. 12127, 12148 and 9397; Title VI of the Civil Rights Act of 1964; and section 504 of the Rehabilitation Act of 1973

Purpose – To determine eligibility for participation in the Branford CT. CERT Program.

Uses – Information may be released to Federal Emergency Management Agency (FEMA) staff to analyze application and enrollment patterns for specific courses and to respond to student inquiries; and to a physician to provide medical assistance to CERT members who become ill or are injured during courses or operations.

Effects of Nondisclosure – Personal information is provided on a volunteer basis. Failure to provide information on this form, however, may result in a delay in processing your application and/ or certifying completion of the program.

Your Signature: _____ Date: _____

If you are under 18 years of age you must have Parent or Guardian Consent:

Parent/ Guardian signature: _____ Date: _____



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CERT Program Volunteer Application
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WAIVER OF CONFIDENTIALITY

I hereby waive the privilege of confidentiality to which I otherwise may be entitled, and authorize the release of those records about or concerning me as may be in the possession of others, which are required as a condition of my volunteering with the **Town of Branford CERT Program**, and will assist in determining my suitability for volunteering with such organization. Among those records, the release of which I authorize hereby, shall include education records, financial and/or credit records, psychiatric history and mental health records, psychological exams and results, arrest conviction and fingerprint records, polygraph records, and employment and/or personnel records. I hereby agree that copies of all such records requested may be released to any agent for the Town of Branford for the purpose of my volunteer application. I further hereby release all such persons and waive any and all claims, demands, or cause of action whatsoever, in connection with the request for and release of such information.

I HAVE READ, UNDERSTAND AND AGREE TO THE FOREGOING.

 Print Name of CERT Volunteer

 Signature of CERT Volunteer

Subscribed and sworn to me this ____ day of _____, 200 .

 PRINT NAME OF NOTARY PUBLIC

 SIGNATURE OF NOTARY PUBLIC