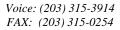


TOWN OF BRANFORD

OFFICE OF EMERGENCY MANAGEMENT 33 LAUREL STREET BRANFORD, CONNECTICUT 06405



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 disab | vilities? Yes No | | | | |
| If yes, please list any a | ccommodations needed: | | | | |
| | | | | | |
| | | | | | |
| Please list any special | talents, skill, abilities and/or certif | ications you have: | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |

Background Information & Authorization:

| I do authorize, if necessary, the Tov via local, state or federal Law Enfo roles, and its operation. | | | | | _ | |
|---|--|--|--|--|---|--|
| Date of Birth:/ | Social Sec | curity #: | | | | |
| Driver's License # | State: | Type: | Ехр.Г |)ate: | | |
| Have you ever been convicted of a | felony crime? | Yes No | | | | |
| Emergency Information In case of emergency, person to con | ntact should be | : : | | | | |
| Name: | Relationship: | | | | | |
| Address: | | City: | | State: | Zip: | |
| Home Phone:V | Vork Phone: _ | | Cell Phone | : | | |
| Privacy Act Statement General – This information is provided 31, 1974, for individuals applying a Authority – 5 U.S.C.301; 15 U.S.C. 12148 and 9397; Title VI of the Civil 1973 Purpose – To determine eligibility and Uses – Information may be released analyze application and enrollment to a physician to provide medical ascourses or operations. Effects of Nondisclosure – Personal information on this form, however, certifying completion of the program. | for admission to 2206; 44 U.S wil Rights Act for participation to Federal Error patterns for spatterns for spatterns for Sissistance to CF information in may result in m. | to the Branfor C.C. 3101; 50U of 1964; and a continuous mergency Marchecific courses ERT members as provided on a delay in pro | d CT. CERT Production J.S.C. App. 2253 section 504 of the ford CT. CERT magement Agences and to respond who become illustrate a volunteer base secessing your appropriate the second second production of the form of the fore | ogram. 3 and 2281; he Rehabilit Program. by (FEMA) to student or are injutis. Failure plication an | ; E.O. 12127, tation Act of staff to inquiries; and ired during to provide ad/ or | |
| Your Signature: | | | I | Date: | | |
| If you are under 18 years of age yo | u must have Po | arent or Guar | dian Consent: | | | |

Parent/ Guardian signature:_______ Date:______



TOWN OF BRANFORD OFFICE OF EMERGENCY MANAGEMENT 33 LAUREL STREET

BRANFORD, CONNECTICUT 06405







CERT Program Volunteer Application (All information is kept confidential)

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