



Brookline Emergency Management Team Community Emergency Response Team Application

Name: _____

Address: _____

Email: _____ **DOB:** _____ **Gender:** M F

Home number: _____ **Cell:** _____

Work number: _____ **Fax:** _____

Occupation: _____

Work Address: _____

Emergency Contact: _____ **Relationship:** _____ **Telephone:** _____

First Aid/CPR Certified: Yes No **Driver's License:** Yes No **License #:** _____

Language Skills: Yes No If yes, what language _____

Special Training/Skills/Related Experience (trade skills, medical training, counseling):

Specific services you could provide:

Additional information you would like considered in support of your application:



Brookline Emergency Management Team Community Emergency Response Team

Community Emergency Response Team

Yes, I would like to apply for the next CERT training to be held one night weekly. I understand that attendance at class is required for certification and that class sessions will begin at 6:30 p.m. and last approximately 3 hours.

Name: _____

Social Security #: _____

Disclosure:

By submitting this application, I understand that I am subject to a CORI (Criminal Offender Record Information) and background check.

Signature

Date

**Please complete both sides of this form
and return it along with any supporting documents to:**

Brookline Police Department
CERT Program
350 Washington St, Brookline MA 02445
Attention: Officer Casey Hatchett