



SUDBURY CERT
VOLUNTEER APPLICATION
fire@sudbury.ma.us

Please print or type

Name		
Street Address (mailing)		
City	State	Zip
Day Phone	Evening Phone	Cell Phone
Email		Fax #
Do you give permission to be included on our email list? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have any specific emergency preparedness/response training? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:	What non-emergency skills & experience do you have? (Please be specific—all skills are needed.)	
<u>IN CASE OF EMERGENCY CONTACT:</u>		
Name:	TEL.#	
Relationship:		
<u>OUT OF STATE CONTACT:</u>		
Name:	TEL.#	
<u>CERT ACTIVATION BEST TEL. #:</u>		
<u>Degrees; Licenses; Certifications (w/Registration Numbers):</u>		<u>Do you speak a foreign language?</u> Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please list.
Do you have access to a 4-wheel drive Van, SUV, or Truck? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Level of Participation Desired: I prefer to be:		
<input type="checkbox"/> ACTIVE Receive notifications of ALL training opportunities, training drills & exercises, emergency events, as well as non-emergency volunteer opportunities.		
<input type="checkbox"/> LIMITED Receive only notification of training drills & exercises and all emergency events.		
<input type="checkbox"/> Areas where I cannot / do not wish to participate: _____		
Are you willing to assist in Emergency Preparedness (educational outreach)?..... Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you willing to assist with Emergency Response?..... Yes <input type="checkbox"/> No <input type="checkbox"/>		
How often (monthly, quarterly, other) are you able to meet? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you willing to take specialized courses? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have an emergency plan in place for yourself & the people you care about? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If you have pets, are they included in your plans? Yes <input type="checkbox"/> No <input type="checkbox"/>		



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For advanced or confidential operations, are you willing to allow the Sudbury Fire Department to conduct a background check? Yes No
I do hereby give Region 4a 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:** _____

Driver's Lic. #: _____

Date: _____

Location Preference for Responding (Check all that apply):

Your town only	<input type="checkbox"/>	Region 4a	<input type="checkbox"/>	New England	<input type="checkbox"/>	Anywhere in the U.S.	<input type="checkbox"/>
Surrounding Towns	<input type="checkbox"/>	State	<input type="checkbox"/>	East Coast	<input type="checkbox"/>	Anywhere in The World	<input type="checkbox"/>

Signature _____ **Date:** _____

Privacy Act Statement: This information is requested by Sudbury 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.