

# TOWN OF GREENBURGH

## COMMUNITY EMERGENCY RESPONSE TEAM

### MEMBERSHIP APPLICATION

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Mailing address \_\_\_\_\_

Home address \_\_\_\_\_

Contact numbers:

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

email \_\_\_\_\_ Other \_\_\_\_\_

Person to contact in emergency: Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Contact number \_\_\_\_\_

#### EXPERIENCE

Briefly, please tell us what your interests are, including hobbies and what your professional background, and experience is: (please attach)

#### SPECIAL SKILLS

Please tell us any skills that you may have (including licenses and specialized training, other than a drivers license) (please attach)

Languages (other than English) \_\_\_\_\_

Do you have your own transportation? \_\_\_\_\_

**Please read carefully, sign and date:**

**I verify I have not been convicted of a felony, or a misdemeanor that resulted in imprisonment. If this statement is incomplete, or untrue, I understand my volunteer assignment will be terminated.**

Volunteers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### TO BE COMPLETE BY THE CERT COORDINATOR:

- Verification of the information provided
- NYSPIN Name Inquiry (attach printout)
- Hold Harmless/Permission Request Signed and Received
- Recommend approval of this Applicant Signature of Coordinator: \_\_\_\_\_  
Date \_\_\_\_\_

#### APPLICANT APPROVED:

\_\_\_\_\_  
Signature Date