



Application for Volunteer Service

CERT training is designed to prepare you to help yourself, your family, and your neighbors in the event of a catastrophic disaster. Because emergency services personnel will not be able to help everyone immediately, you will be able to make a difference in saving lives and protecting property.

PLEASE PRINT

PERSONAL

LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS: _____

MAILING ADDRESS: _____

HOME PHONE NUMBER: _____ WORK PHONE NUMBER: _____

CELL PHONE NUMBER: _____ EMAIL: _____

EDUCATION

HIGH SCHOOL: _____ DATES: _____

COLLEGE: _____ DATES: _____

OTHER PERTINENT TRAINING

COURSE: _____ DATES: _____

COURSE: _____ DATES: _____

MILITARY

SERVICE: _____ SERVICE No: _____ RANK: _____ DATES: _____

DISCHARGE: _____ (If less than Honorable, please explain)

(OVER)

WORK RECORD

PRESENT EMPLOYMENT: _____ DATES: _____

PREVIOUS EMPLOYERS: _____ DATES: _____

PREVIOUS EMPLOYERS: _____ DATES: _____

REFERENCES (Not previous employers or relatives)

<i>NAME:</i>	<i>ADDRESS:</i>	<i>BUSINESS:</i>	<i>PHONE:</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Have you ever been convicted of a crime? (circle one) YES NO

PLEASE NOTE THE FOLLOWING EXCEPTIONS WHICH SHOULD NOT BE REPORTED: an arrest not leading to a conviction; a first conviction for the following misdemeanors: drunkenness, simple assault, speeding, minor traffic infractions, affray, or disturbing the peace; or any conviction for a misdemeanor more than five years old.

If Yes, describe in full: _____

How did you hear about the CERT program? _____

I certify that the statements made herein are true, complete and correct and are made in good faith.

Signature: _____ Date: _____

(NOTE: You must accompany this application with the signed CORI release form. If you are under age 18, you must have written parental permission to participate in CERT.)

MAIL COMPLETED APPLICATION TO:

Barnstable County Sheriff's Office
6000 Sheriff's Place
Bourne, MA 02532