



# Farmington

Community Emergency Response Team  
319 New Britain Ave  
Unionville, CT 06085  
Telephone: (860) 675-2412



Colin F. Ryan  
Police Chief

Lt. Kory Vincent  
CERT Coordinator

## APPLICATION TO JOIN THE FARMINGTON COMMUNITY EMERGENCY RESPONSE TEAM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Organizations with which you are involved, and any awards you have received (Scouting, Civic Clubs, Fraternal, etc.): \_\_\_\_\_

Why do you wish to Join CERT?  
\_\_\_\_\_

How did you hear about CERT? \_\_\_\_\_

Do you have any special areas of interest on the Team (HAM Radio, Canteen Support, Shelter Ops, etc.) \_\_\_\_\_

Do you have any special skills or Training? \_\_\_\_\_

Have you ever been convicted of a crime? If so, please explain: \_\_\_\_\_

***Please use reverse side of this application if additional space is needed.***

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

By signing this application you are authorizing the Town of Farmington to conduct a limited background check. Once this check has been conducted and your application has been accepted, you will be notified with further information. The Office of Emergency Management reserves the right to approve or reject any application for the Farmington Community Emergency Response Team.

**(OFFICE USE ONLY)    APPROVED    REJECTED**