



**• EMERGENCY •
MANAGEMENT**

COMMUNITY EMERGENCY RESPONSE TEAM VOLUNTEER APPLICATION

Stoughton, Massachusetts

Section 1: PARTICIPANT IDENTITY INFORMATION		
First Name	Last Name	
Gender	Date of Birth	
Permanent Address		
Driver's License Number	Class	
City/Town	State	Zip
License to Operate: <input type="checkbox"/> a passenger vehicle <input type="checkbox"/> a single commercial vehicle over 26,000 lbs. <input type="checkbox"/> a combination commercial motor vehicle over 26,000 lbs. <input type="checkbox"/> other commercial vehicle and busses		
Are you certified to transport hazardous materials?		
Section 2: ACTIVATION PREFERENCES		
In the event of a declared national emergency, would you consider volunteering to work under the authority of the federal government?		
Do you have any other commitment that might conflict in the event of an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		
Section 3: PARTICIPANT CONTACT INFORMATION		
Primary Email Address:		
Secondary Email Address:		
First Number to Attempt: () -		
Type: <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Pager <input type="checkbox"/> SMS/Text Message		
Second Number to Attempt: () -		
Type <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Pager <input type="checkbox"/> SMS/Text Message		
Section 4: EMERGENCY CONTACT INFORMATION		
First Name	Last Name	
Middle Name	Date of Birth	
Relationship		
Primary Emergency Contact Number () -		
Secondary Emergency Contact Number () -		

Section 5: EDUCATION/OCCUPATION INFORMATION

Primary Occupation Type Health Professional Non-Health Professional

- GED/High School
- Certification Field: _____
- Associate's Field: _____
- Bachelor's Field: _____
- Master's Field: _____
- Ph.D. Field: _____

Additional Certification or area(s) of expertise:

Regular work hours 7-3 3-11 11-7 Other:

Primary Occupation

Employer's Name (optional)

Employer's Phone Number

Employer's Address (optional)

Signature of Participant

Date

Signature of Stoughton EMD

Date