



Emergency Management Agency
 Director Stephan A Hooke
 City of Brockton
 45 School Street
 Voice: 508-580-7871 Fax: 508-580-7849

Community Emergency Response Team Volunteer Application

IDENTITY INFORMATION		
First Name:	Last Name:	
Middle Name:	* Date of Birth:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified <input type="checkbox"/> Unknown		
Permanent Residence Line 1:		
Drivers License Number:	Class:	
* City:	* State:	*Zip:
Licensed 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 vehicles and buses		
Are you certified to transport hazardous materials? <input type="checkbox"/> Yes <input type="checkbox"/> No		

ACTIVATION PREFERENCES
Where are you willing to travel for activation? <input type="checkbox"/> Brockton <input type="checkbox"/> Southeastern Mass. <input type="checkbox"/> In-State <input type="checkbox"/> Out-of-State
In the event of a declared national emergency, would you consider volunteering to work under the authority of the Federal Government? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any other commitments that might pose a conflict in the event of an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list commitments. <hr/> <hr/> <hr/> <hr/>

CONTACT INFORMATION

Primary Email Address:

Secondary Email Address:

First Number to Attempt:

()

Extension.

x

Type:

Work Phone Home Phone Mobile Phone TTD/TTY Pager Fax SMS/Text Message

Second Number to Attempt:

()

Extension.

x

Type:

Work Phone Home Phone Mobile Phone TTD/TTY Pager Fax SMS/Text Message

EMERGENCY CONTACT INFORMATION

First Name:

Last Name:

Middle Name:

* Date of Birth:

Relationship: Parent Spouse Domestic Partner Sibling Child Other

Primary Emergency Contact Number:

Secondary Emergency Contact Number:

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 Certifications or area(s) of expertise:

Your regular work Hours: 7-3 3-11 11-7 Other: _____

Primary Occupation: _____

Employer's Name:

Employer's Phone Number:

Employer's Address:

Release of Information Agreement

All information you provide is held under the highest degree of care and standards of security, confidentiality, and privacy. Only you and authorized system administrators will view the information you provide. You may review the system's privacy policy provided in Appendix II: Privacy Policy.

During a local, state or national disaster, Brockton Emergency Management Agency (BEMA) may identify and receive requests for potential volunteers. If a decision is made to request your services as a volunteer, you will be contacted at that time by the BEMA staff and asked about your availability. You can choose, at any time, to decline any request for activation.

As a prospective employee, subcontractor, volunteer, license applicant or current licensee, under the provisions of M.G.L. c. 6 § 172 a CORI (Criminal Offender Record Information) check will be performed for the purpose of screening current and otherwise qualified prospective Community Emergency Response Team members.

The CORI check will be submitted for your personal information to the DCJIS (Department of Criminal Justice Information Services). You will acknowledge and provide written permission to Brockton Emergency Management Agency (BEMA) staff to submit a CORI check with your information to the DCJIS. This authorization is valid for one year from the date of your signature. You may withdraw this authorization at any time by providing the BEMA staff with written notice of your intent to withdraw consent to a CORI check.

Brockton Emergency Management Agency (BEMA) does not keep a copy of your CORI check, records or make any reference to your CORI check other than the date of the check and if the CORI check was a favorable vs. adverse recommendation. BEMA staff is not provided with the contents of your CORI record, only a favorable or adverse recommendation as a volunteer.

Brockton Emergency Management Agency (BEMA) may conduct subsequent CORI checks within one year of the date the Form was signed by you provided, however, BEMA staff must first provide you with written notice of this check.

It should be understood that BEMA volunteers will be expected to adhere to rules, regulations, a code of conduct and attend, but not limited to, a minimum number of training sessions. BEMA volunteers may be issued tools, equipment, supplies and apparel based on a specific activation. Said tools, equipment, supplies and apparel will be returned immediately after each activation for restocking, cleaning, repair and/or replacement for the next activation.

Name: _____

Address: _____

Social Security #: _____

DOB: _____

Telephone #: _____

I agree to have BEMA conduct a CORI check and I agree to indemnify and hold harmless the person to whom this request is presented and its agents and employees, from and against all claims, damages, losses and expenses including reasonable attorney fees arising out of or by reason of complying with this request.

Signature: _____