



COMMUNITY EMERGENCY RESPONSE TEAM APPLICATION
City of Stamford
888 Washington Boulevard
Stamford, CT 06901

Sponsoring Department: Mayor' Office, City of Stamford
(Please Complete)

The following information is to be completed by the applicant and returned to the sponsoring dept.

Please print clearly:

First Name: _____ Last Name: _____ MI: ___ Sex: ___ Race: ___ DOB _____

Address: _____ City: _____ State _____ Zip Code : _____

Home Phone: () _____ Business Phone: () _____ Social Security # _____

Email: _____ Cell Phone: () _____

Driver License: () _____ Occupation: _____

Place of Employment: _____ City: _____ State: _____ Zip Code _____

Name of Next of Kin: _____ Relation: _____ Phone: () _____

EDUCATION

High School: _____ City: _____ State: _____

College: _____ City: _____ State: _____ Degree: _____

Graduate School: _____ City: _____ State: _____ Degree: _____

Special Expertise: _____

QUESTIONNAIRE

1. Classes will be conducted either on the weekends, weekday nights or a combination of both. The course will consist of a minimum of 20 hours of training. Will you be able to attend all of the class sessions?

Yes _____ No _____

2. Have you ever been convicted of a crime? Yes _____ No _____

If yes, what ? _____ When? _____ Where? _____

3. What experience have you had with community volunteering? (Circle One) Positive Negative

Briefly explain: _____

4. What is the extent of your community involvement? _____

5. Why do you desire to participate in the program? _____

6. How will you utilize the information learned? _____

7. Why do you think you should be selected for Community Emergency Response Team? _____

8. How do you think you, the community, and the City of Stamford may benefit from your selection? _____

9. What do you expect to learn from this experience? _____

LIABILITY WAIVER

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. You are authorized to make any investigation of my personal history deemed necessary for consideration to attend the Community Emergency Response Team training.

Signature: _____ Date: _____