

Brewster-Orleans-Chatham-Harwich
Regional CERT Council

FALL 2019

Dear Applicant:

Thank you for your interest in the Community Emergency Response Team (CERT) training course to be held in October 2019

In order for your application to be processed you must complete and sign the following two forms included in this packet.

1. *Application for CERT Training Course*
2. *Individual Authorization for CORI Check*

Note: A driver's license or other form of government-issued identification card with a picture is required at the first class.

Please mail or deliver completed and signed forms by **September 24, 2019** to:

*BOCH Regional CERT
c/o Chatham Fire Department
135 Depot Road
Chatham, MA 02633*

If you have any questions, please e-mail CERT@chatham-ma.gov

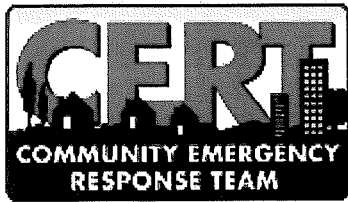
CERT Training Course

Class dates: October 8, 10, 15, 17, 22, 24 & 29 from 6:00PM to 9:00PM

Location: Chatham Fire Station in the Meeting Room
135 Depot Road
Chatham, MA

Curriculum

- Disaster Preparedness
- Fire Safety and Utility Control
- Disaster Medical Operations
- Light Search and Rescue Operations
- CERT Organization
- Disaster Psychology
- Terrorism and CERT
- Course Review and Disaster Simulation



**BOCH Regional CERT
Application for CERT Training Course
Fall 2019**

Class dates: October 8, 10, 15, 17, 22, 24 & 29 6:00 PM-9:00 PM
Location: Chatham Fire Station, Training Room, 135 Depot Road
Application Deadline: September 24, 2019

Note: This application must be accompanied with the *signed CORI release form* included in the application packet. If you are under age 18, you must have signed parental permission to participate in CERT.

Personal Information (Please Print)		
Last Name:	First Name:	Middle Initial:
Address:		
Mailing Address:		
Home Phone:	Work Phone:	Cell Phone:
E-mail:		

Personal References (Not previous employers or relatives)		
	Name	Phone
1.		
2.		
3.		

Have you ever been convicted of a crime? (check 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 on separate sheet.*

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

Signature: _____ Date: _____

Parent/guardian: _____ Date: _____

Note: Driver's license or other form of government-issued identification card with a picture required at first class.

Please mail or deliver completed and signed application and CORI form by Sept 24, 2019 to:
 BOCH Regional CERT c/o Chatham Fire Department
 135 Depot Road
 Chatham, MA 02633
 CERT@chatham-ma.gov

For Office Use Only	Date
Application Received	
CORI submitted	
CORI received	

Application Status	Approved:	Declined:	On Hold:	Reason:
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Individual Authorization for CORI Check

I consent to having a background check into my fitness to be a Citizen Corps volunteer. This will include a criminal background check. By signing this authorization form I acknowledge that employers, references and other pertinent agencies and individuals may be contacted as to my fitness for this purpose. I authorize those parties contacted pursuant to this investigation to release any pertinent information they may have concerning me to the Brewster-Orleans-Chatham-Harwich (BOCH) Regional CERT Council and any volunteer agency or government agency involved with Citizen Corps Emergency Preparedness, Response, and Recovery Operations, to include emergency dispensing sites.

I waive and release any right or claim that might arise, in the course of and/or resulting from this investigation. I agree to indemnify and hold harmless, including reasonable attorney fees, the BOCH Regional CERT Council, the towns of Brewster, Orleans, Chatham, and Harwich, their elected officials as well as their officers, employees, agents and assigns.

This waiver and release also covers and indemnifies any present or past employer, their officers, agents, principals, employees, and agents, as well as any person or party who respond to my background investigation.

A photocopy of this authorization and release will be valid as an original.

Signature (Parent Signature if applicant is under 18)

Printed Name (Parent Printed Name)

_____-_____-_____
Social Security Number

Mother's Maiden Name

Father's Name

Date of Birth

Today's Date

Phone Number

For Office Use Only
Submitted by: _____, Program Manager: Date _____
Submitted for: BOCH Regional CERT Council