VILLAGE OF ALSIP
COMMUNITY EMERGENCY RESPONSE TEAM
APPLICATION

NAME: (Last, First Middle)			
ADDRESS:	**CITY:**	**STATE:**	**ZIP:**
HOME PHONE:	**CELL PHONE:**	**SOCIAL SECURITY NUMBER (OPTIONAL):**	
E-MAIL ADDRESS:			
DATE OF BIRTH:	**DRIVER'S LICENSE NUMBER:**	**STATE:**	
EMPLOYER:	**OCCUPATION/TITLE:**	**EMPLOYER PHONE:**	
ADDRESS:	**CITY:**	**STATE:**	**ZIP:**

HAVE YOU EVER BEEN ARRESTED/CONVICTED OF A FELONY? ☐ **YES** ☐ **NO**

If yes, please give detailed description of event including location and disposition: _____

DO YOU HAVE ANY EXPERIENCE OR TRAINING IN SAFETY/EMERGENCY RESPONSE PROCEDURES OR HAVE YOU PREVIOUSLY COMPLETED CERT TRAINING? ☐ **YES** ☐ **NO**

If yes, please explain: _____

DO YOU HAVE ANY PHYSICAL RESTRICTIONS/CONDITIONS THAT WOULD PREVENT YOU FROM DOING BASIC MANUAL LABOR (debris removal, patient transport, etc.)? ☐ **YES** ☐ **NO**

If yes, please explain: _____

IF A MAJOR EMERGENCY OR DISASTER IMPACTED YOUR NEIGHBORHOOD OR THE VILLAGE OF ALSIP, WOULD YOU BE WILLING TO PROVIDE BASIC EMERGENCY ASSISTANCE UNTIL PROFESSIONAL EMERGENCY RESPONSE ARRIVED?

☐ **YES** ☐ **NO**

I ATTEST THAT ALL OF THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT I MUST PASS A CRIMINAL HISTORY AND BACKGROUND CHECK.

_____ _____

Applicant Signature Date