



# UXBRIDGE, MA CERT

Community Emergency Response Team

Serving Worcester County



Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
# Street/Road City Zip Code

Mailing Address (if different): \_\_\_\_\_  
Street/Road City Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Are you a member of a Neighborhood Crime Watch, Homeowner's Association, or any other organization/club? If yes, please name the group and its president.

\_\_\_\_\_

Do you have a physical or medical condition that might affect your participation in some of the exercises used in this course? If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

How long have you lived in Massachusetts? \_\_\_\_\_

How long have you lived in your county? \_\_\_\_\_

Have you ever served in the military or have any military training/experience? Yes No

If yes, please explain / which branch: \_\_\_\_\_

Do you have any disaster related training or experience? Yes No

If yes, please explain:

\_\_\_\_\_

**Have you ever received training in any of the following (please check all that apply)?**

First Aid      CPR      EMT      Paramedic      LPN      RN      MD      Other: \_\_\_\_\_

Incident Command (ICS)	Fire Fighter	Law Enforcement
Hazardous Materials (HAZMAT)	Fire Suppression	Communications
Search & Rescue	Disaster Preparedness	Documentation
Weather Emergencies	Wilderness Survival	Shelter Mgmt.
Damage Assessment	Other: _____	

**Have you ever been convicted of a felony?**    Yes      No

If yes, please explain: \_\_\_\_\_

Authorization to complete a full criminal background investigation:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Upon the completion of the application, please return it to:**

**Human Resources  
Town of Uxbridge  
21 South Main St  
Uxbridge, MA 01569  
or email to: [HR@uxbridge-ma.gov](mailto:HR@uxbridge-ma.gov)**