

TOWN OF BEDFORD POLICE DEPARTMENT

COMMUNITY EMERGENCY RESPONSE TEAM

MEMBERSHIP APPLICATION

Name _____ Date of birth _____

Mailing address _____

Home address _____

Contact numbers:

Home _____ Cell _____ Work _____

email _____ Other _____

Person to contact in emergency: Name _____ Relationship _____

Contact number _____

EXPERIENCE

Briefly, please tell us what your interests are, including hobbies and what your professional background, and experience is: (please attach)

SPECIAL SKILLS

Please tell us any skills that you may have (including licenses and specialized training, other than a drivers license) (please attach)

Languages (other than English) _____

Do you have your own transportation? _____

Please read carefully, sign and date:

I verify I have not been convicted of a felony, or a misdemeanor that resulted in imprisonment. If this statement is incomplete, or untrue, I understand my volunteer assignment will be terminated.

Volunteers Signature: _____

Date: _____

TO BE COMPLETE BY THE CERT COORDINATOR:

Verification of the information provided

NYSPIN Name Inquiry (attach printout)

Hold Harmless/Permission Request Signed and Received

Recommend approval of this Applicant Signature of Coordinator: _____

Date

APPLICANT APPROVED BY CHIEF OF POLICE:

Signature

Date