



Northern Essex Regional Emergency Planning Committee

proudly serving the Commonwealth of Massachusetts towns and cities of:

AMESBURY, BOXFORD, GEORGETOWN, IPSWICH, MERRIMAC, NEWBURY, NEWBURYPORT, ROWLEY, SALISBURY, AND WEST NEWBURY

By completing this application in its entirety, you will help the instruction team understand the general profile of the class they are teaching. Submitting an application does not guarantee admittance to the next scheduled class.

Personal Information:

Name _____
Last First MI

Date of Birth: _____ Age: _____ SSN#: _____ / _____ / _____ Yrs in MA: _____

Street Address: _____ APT/UNIT _____

City: _____ State: _____ Zip Code: _____

What is your profession? _____

Home Phone: () _____ - _____ Work Phone() _____ - _____ ext.: _____

Cell Phone: () _____ - _____ Pager: () _____ - _____

Do have an alternate way to contact you? (i.e.Email, Fax) _____

Emergency Contact Information

Name _____
Last First

Street Address: _____ APT/UNIT _____

City/Town: _____ State: _____ Zip Code: _____

Home Phone: () _____ - _____ Work Phone: () _____ - _____ ext.: _____

Cell Phone: () _____ - _____ Pager: () _____ - _____

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

If yes, explain: _____

Consent for limited background investigation

Upon conditional acceptance to the Community Emergency Response Training Program, I will consent to a criminal records check and provide my SSN# and Date of Birth. Please initial box.



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Give a brief description of background and/or special training:

What were you hoping to accomplish by participating in the Community Emergency Response Training Program?

Signature of Applicant: _____ Date: _____

Please Print Name: _____

Please complete and return to:

NEREPC
Mailing Address:
17 School St.
Amesbury, MA 01913

For CERT Administration Use Only

<input type="checkbox"/> Application Accepted	<input type="checkbox"/> Application Denied – Reason _____
CERT Class enrolled In: _____	
Date Acceptance/Denial Notification Made _____	
Notification Made by <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email	