Cheektowaga Community Emergency Response Team

APPLICATION

All information will be treated confidentially. Please answer all questions as completely as possible.

Personal Information							
Title:	☐ Mr.	☐ Mrs.	☐ Miss	☐ Ms.	☐ Other		
Last Name:		First Name:		Middle Initial:			
Address:		City:					
State:		Zip Code		Email:			
Home Phone:		Business Phone:		Cell Phone:			
				Cell Phone Provider:			
Emergency Contact:							
Name:		Relationship:					
Day Phone:		Evening Phone:					
Group Affiliation: (If there is no affiliation check here ☐)							
Group Name:							
Group Address:							
City:		State:		Zip Code:			
Group Contact Name:		Phone:		Alternate Phone:			
Availability:							
Days:	☐ Mon-Fri	☐ Mon	☐ Tues	☐ Wed	☐ Thurs	☐ Fri	☐ Sat ☐ Sun
Times:	☐ Morning 6AM-12 PM		☐ Afternoon 12PM–6 PM		☐ Evenings 6PM–12 AM		☐ Nights 12AM-6AM
Would you be available to assist in preparedness activities/projects?					☐ Yes	☐ No	
How much time do you feel you want to commit to volunteering?							
☐ _____ times per week				☐ _____ times per month			
☐ _____ times per year				☐ Other (specify):			
Licenses: (Drivers and Professional)							
Type:		State:		Number:		Expiration:	
Type:		State:		Number:		Expiration:	

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Please tell us about your licensure and/or experience in the following areas, if any:					
Licensure / Experience	**State**	**Expiration**	**Lic#**	**< 3 yrs**	**> 3 yrs**
Dispensing Pharmaceuticals				☐	☐
Drivers License				☐	☐
Gov, EMA, Agency Official				☐	☐
Health / Medical Professional				☐	☐
Law Enforcement / Security				☐	☐
Maintenance / Custodial				☐	☐
Medical Physician				☐	☐
Medical triage				☐	☐
Working with Special Needs population				☐	☐
Training and/or public speaking				☐	☐
Other (specify):				☐	☐

1) Have you ever volunteered with our municipality in the past? If yes, in what capacity

2) What attracted you to our volunteer program? Is there any aspect of our work that most motivates you to seek to volunteer here?

3) What would you like to get out of volunteering here? What would make you feel like you've been successful?

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CHEEKTOWAGA POLICE DEPARTMENT
CERT
CRIMINAL HISTORY RELEASE

Complete all of the following information requested and have a Notary Public or Commissioner of Deeds verify your identity and notarize your signature.

Name of Applicant: _____

Maiden Name (If Applicable): _____

Current Address: Street: _____

City/Town: _____

State: _____ Zip: _____

Previous Address (If less than five years):

Street: _____

City/Town: _____

State: _____ Zip: _____

Date of Birth: _____ Place of Birth: _____

Social Security Account#: _____ - _____ - _____

Driver's License: State: _____ I.D.#: _____

Signature of Applicant: _____

Date: _____

STATE OF NEW YORK)
COUNTY OF ERIE) S.S.
TOWN OF CHEEKTOWAGA)

On the _____ day of _____, 20____, before me personally appeared _____, tome known to be the same person described in, and who executed the foregoing instrument and acknowledge execution thereof.

_____
Notary Public/Commissioner of Deeds

If you have any questions or need assistance, please contact Officer Paul Nazzarett from the Crime Resistance Unit at 716-897-7293