

Copley Township
COMMUNITY EMERGENCY RESPONSE TEAM APPLICATION

APPLICANT INFORMATION

Name:

Current address:

City:

State:

ZIP Code:

Phone: (Home)

Phone: (Cell)

Contact in an Emergency:

Contact Phone:

Email Address:

SKILLS AND INTERESTS

Education: Degree

Institution:

Dates Attended:

License(s) held:

Language(s) spoken fluently:

Hobbies, skills, and interests:

Occupation:

Employer:

Address:

Phone:

EXPERIENCE (PAID AND VOLUNTEER, BEGINNING WITH THE MOST RECENT)

Position

Organization

Dates

REFERENCES

Give the names and contact information for three people (not relatives) who know you well and can attest to your character.

VERIFICATION AND CONSENT FOR REFERENCE AND BACKGROUND CHECK

I verify that the above information is accurate to the best of my knowledge.

I give Copley Township permission to inquire into my educational background, references, licenses, police records, and employment and/or volunteer history. I also give permission to the holder of any such information to release it to Copley Township.

I hold Copley Township harmless of any liability, criminal or civil, that may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to the above-named agency. I understand that Copley Township will use this information only as part of its verification of my volunteer application.

Name (please print)

Social Security Number

Signature

Date

Witness

Date