



**VILLAGE OF NEW LENOX
COMMUNITY EMERGENCY RESPONSE TEAM
APPLICATION**

NAME: (Last, First Middle)			
ADDRESS:	CITY:	STATE:	ZIP:
HOME PHONE:	CELL PHONE:	SOCIAL SECURITY NUMBER:	
E-MAIL ADDRESS:			
DATE OF BIRTH:	DRIVER'S LICENSE NUMBER:	STATE:	
EMPLOYER:	OCCUPATION/TITLE:	EMPLOYER PHONE:	
ADDRESS:	CITY:	STATE:	ZIP:
HAVE YOU EVER BEEN ARRESTED/CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please give detailed description of event including location and disposition: _____			
DO YOU HAVE ANY EXPERIENCE OR TRAINING IN SAFETY/EMERGENCY RESPONSE PROCEDURES OR HAVE YOU PREVIOUSLY COMPLETED CERT TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: _____			
DO YOU HAVE ANY PHYSICAL RESTRICTIONS/CONDITIONS THAT WOULD PREVENT YOU FROM DOING BASIC MANUAL LABOR (debris removal, patient transport, etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: _____			
IF A MAJOR EMERGENCY OR DISASTER IMPACTED YOUR NEIGHBORHOOD OR THE VILLAGE OF NEW LENOX, WOULD YOU BE WILLING TO PROVIDE BASIC EMERGENCY ASSISTANCE UNTIL PROFESSIONAL EMERGENCY RESPONSE ARRIVED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
I ATTEST THAT ALL OF THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT I MUST PASS A CRIMINAL HISTORY AND BACKGROUND CHECK.			
_____ Applicant Signature		_____ Date	
_____ If Under 18, Signature of Parent or Legal Guardian		_____ Date	