



Town of Bedford, NH
Community Emergency Response Team
Membership Application



Name: _____

Home address: _____

Home phone: _____ Cell phone: _____ Pager: _____

Email address: _____

(by providing your email you are opting-in to the Bedford CERT email list; you may unsubscribe at any time)

Work address: _____

Work phone: _____ Typical work days/hours: _____

Do you have a driver's license? Yes No Type of license (Car, truck, motorcycle): _____

Which language(s) are you fluent in? _____

Do you know shorthand? Yes No

List any previous emergency training (CPR, First Aid, CERT, ARES, ...): _____

List any specialized skills or training (MD, Vet, computers, communications, organizational, ...):

Do you have an amateur (ham) radio license? Yes No License Level: _____

List any specialized equipment you may be able to use in an emergency (ATV, construction equipment, radios, ...):

Are qualified operators available under emergency conditions? Yes No

List any other relevant information on the back of this sheet.



*Continued volunteer efforts on behalf of the Town of Bedford, NH requires a background investigation.
Please complete the Criminal Record Release Authorization Form (attached)*