



**North Brookfield
Emergency Management Agency**
Application for Membership

Please Print



First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

Length of Residency: _____ Date of Birth: _____

Email Address: _____

Preferred Phone: _____ Alternate Phone: _____

Occupation: _____ Employer: _____

Address: _____ Work Hours: _____

Can you be contacted at work in case of emergency? _____

Special skills, qualifications, prior related experience: _____

Physical limitations: _____

Negative dealings with police? Yes _____ No _____ Explain: _____

Character References (please, no family members)

Name _____ Position: _____ Phone _____

Name _____ Position: _____ Phone _____

Requirements of Membership:

- ☐ You must be at least 18 years old.
- ☐ You must have a valid driver's license
- ☐ You must complete and pass a CORI check
- ☐ You will be required to have a CPR and First Responder certificate
- ☐ You will be asked to attend all organizational meetings and special meetings
- ☐ You will be asked to participate in all organizational functions, including fundraisers.
- ☐ You will be required to attend all training sessions.
- ☐ You will be responsible for all gear issued to you.

By signing below, you confirm that you have read and agree to the requirements of membership.

Signature

Date

Director's Signature

Date of Acceptance