



**TOWN OF ESSEX
VOLUNTEER REGISTRATION
FOR EMERGENCY OPERATIONS CENTER**

Date of Application	Date Available to Volunteer:
Last Name:	First Name:
Street Address:	Cell Phone: Home Phone:
City/State/ Zip:	
Email Address:	
Driver's License Number: <i>(Please provide a copy)</i>	Do you have transportation to Emergency Site? Yes/No
Military Status: Active/Reserve/Retired or N/A	Do you have any Emergency Management Volunteer Experience? Yes/No

Skills / Training / Abilities

- Call Center
- Case Work/Social Services
- Children (Formal Child Care Training)
- Communications
- Construction
- First Responder Trained*
- Food Services*
- Heavy Lifting (>30 lbs)
- Laborer
- Logistical Support
- Medical* (DR/Nurse : Active / Retired)
- Medical* (EMT)
- Medical* (Other) _____
- Moving the Elderly / Disabled
- Ministry / Pastoral Care Officer Clerical
- Personnel/Volunteer Management
- Transportation*
- Veterinarian/Veterinarian Technician*

Emergency/Disaster Related Training/Certifications

- Call Center
- CERT
- CPR
- First Aid
- AED
- Red Cross
- Search / Rescue
- Shelter Operations
- Radio Call (Ham _____ / GMRS _____)
- FEMA – Emergency Management Institute,
Independent Study Programs.
- IS-100.B – Introduction to Incident Command*
System ICS-100
- IS-200.B – Introduction to Incident Command*
System ICS-200
- IS-700.B – Introduction to Incident Command*
System ICS-700
- IS-800.B – Introduction to Incident Command*
System ICS-800

*Please provide copy of license/certification

CURRENT EMPLOYER

Employer Name and Address:	Job Title:
	Phone:
Will you be permitted to leave your place of employment when called to respond to an emergency without penalty? YES / NO	
Will you require a Notice to Employer of your Emergency Volunteer Status for the Town? YES / NO	
Have you ever worked for the Town of Essex or Region 4 Schools in any capacity? YES / NO	
Circle last year of education completed: 8, 9, 10, 12, 12+	

Have you ever been convicted of a felony?

If yes, please specify (crime, date, location)

Notice: You are *not* required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to CT State law or the law of another jurisdiction. If your criminal records have been erased pursuant to one of these statutes, you may represent that you have never been arrested.

The Town of Essex EOC is a public safety function, background checks are performed. Do you object to a background check? YES / NO

I certify that the answers given herein are true and complete to the best of my knowledge.

Signature: _____ Date _____

Printed Name: _____

I authorize investigation of all statements contained in this volunteer registration as may be necessary.

I understand also, that as a volunteer, I am required to abide by all rules and regulations of the Emergency Management Office for the Town of Essex.

Please return this Registration form to: First Selectman's Office
EEV Volunteer Coordinator
Town of Essex
29 West Avenue, Essex, CT 06426

For Town Use Only

Date Received: _____

Reviewed By: _____

Copy of driver's license Rcvd: Y/N

Copies of licenses/certifications Rcvd: Y/N

Background Check Released: Y/N

Background Check Completed as of: _____

mm / dd / yy

Date Registration Approved _____

Volunteer ID: _____

Town of Essex -Emergency Operations Volunteer

Background Check – Release & Disclaimer

I, _____ am providing information to be registered as a volunteer with the Town of Essex Operations Center. A background check may be conducted as part of the formal review process. I therefore, authorize any governmental entity or part thereof corporation, company, institution or agency and employees in their responsive capacity or individually without exception to furnish upon request to the Town of Essex Emergency Operations Center or their authorized representative, any and all information, documentation or otherwise pertaining to me.

I do hereby release the Town of Essex and its employees and representatives in their representative capacity or individually, from any liability whatsoever incurred from furnishing such information. A photocopied copy of this authorization will be considered as effective and valid as the original.

Signature _____

Date: _____

Printed Name _____