



## PORTLAND CT CERT TEAM MEMBERSHIP APPLICATION

Department of Emergency Management  
Community Emergency Response Team

33 E. Main Street – P.O. Box 71

Portland, CT 06480-0071

<http://www.portlandct.org/cert>

### CERT VOLUNTEER (Please print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

I have specialty training or skills in:


I have completed the following FEMA or CERT training courses:


### Emergency Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

VOLUNTEER'S SIGNATURE: \_\_\_\_\_

DIRECT QUESTIONS TO (860) 661-2796 or E-MAIL [cert@portlandct.org](mailto:cert@portlandct.org)