



Cheektowaga Community Emergency Response Team Application

All information will be kept confidential. Please make every effort to complete all info.

Personal Information

Title: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Other

Last: First: Middle Initial:

Address:

State:

Home Phone:

Town:

Zip:

Cell Phone:

Carrier:

Name:

Relationship:

Day Phone:

Evening Phone:

Group Affiliation: (If there is no affiliation check here ☐)

Group Name:

Group Address:

City:

State:

Zip Code:

Contact Name :

Phone:

Alternate Phone:

Availability:

Days: ☐ Mon-Fri ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

Times: ☐ Morning 6AM-12 PM ☐ Afternoon 12PM-6 PM ☐ Evenings 6PM-12 AM ☐ Nights 12AM-6AM

Would you be available to assist in preparedness activities/projects? ☐ Yes ☐ No

How much time do you feel you want to commit to volunteering?

☐ times per week

☐ times per month

☐ times per year

☐ Other (specify):

Licenses: (Drivers and Professional)

Type: State: Number: Expiration:

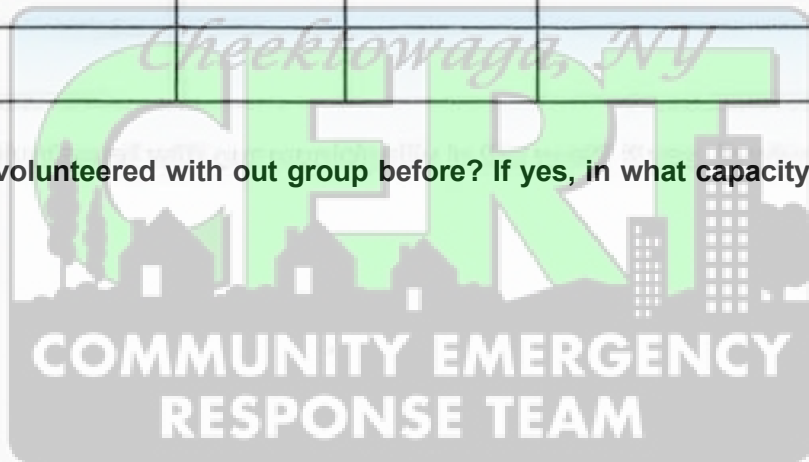
Type: State: Number: Expiration:

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Please tell us about your licensure / experience:

Licensure / Experience	State	Expiration	Lic#	< 3 yrs	> 3 yrs
Dispensing Pharmaceuticals					
Drivers License					
Gov, EMA, Agency Official					
Health / Medical Professional					
Law Enforcement / Security					
Maintenance / Custodial					
Medical Physician					
Medical triage					
Working with Special Needs population					
Training and/or public speaking					
Other (specify):					

1) Have you ever volunteered with our group before? If yes, in what capacity?



2) What attracted you to our program? Is there any aspect that motivates you to join?

3) What would you like to get out of volunteering with us? What would make you feel successful?



CHEEKTOWAGA POLICE DEPARTMENT CERT BACKGROUND CHECK CRIMINAL HISTORY RELEASE

Complete all of the following information requested below and have a Notary Public or Commissioner of Deeds, to verify your identity and notarize your signature.

Name of Applicant: _____ :

Maiden Name (If Applicable): _____

Current Street Address: _____

City / Town: _____

State: _____

Zip _____

Previous Address (if less than 5 years)

Street Address: _____

City / Town: _____

State: _____

Zip _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Driver's License: State: _____

ID.#: _____

Signature of Applicant: _____

Date: _____

STATE OF NEW YORK)
COUNTY OF ERIE)
TOWN OF CHEEKTOWAGA)

S.S. _____

On this _____ day of 20 _____, _____, known to be the same person described herein and who executed the foregoing instrument and acknowledged execution thereof.

Notary Public / Commissioner of Deeds

My commission expires on _____, 20 _____

*If you have any questions or need assistance, please contact
the CPD Crime Resistance Unit at 716-897-7293*