



**PLAINFIELD CITIZENS CORPS COUNCIL
COMMUNITY EMERGENCY RESPONSE TEAM
Application Form**



APPLICANT INFORMATION

Name: Last: _____ First: _____ Middle: _____		
Address: _____		
Subdivision (if applicable): _____		
Telephone Number: _____	Cell: _____	Other: _____
Date of Birth: _____	Driver's License No. _____	State: _____
E-Mail Address: _____		

Are you a member of any safety / emergency response team? Yes No

If yes, who? _____

Do you have any physical restrictions / conditions that would prevent you from doing basic manual labor (debris removal, patient transport, etc.) ?

Yes No

Do you have training or experience in safety / emergency response procedures?

Yes No

If yes, please explain: _____

Have you ever been arrested / convicted of a felony? Yes No

If yes, give detailed description of event and disposition: _____

If a major emergency or disaster impacted your neighborhood or the Village of Plainfield, would you be willing to provide basic emergency assistance until professional emergency response arrived?

Yes No

I attest that all of the information provided in this application is true to the best of my knowledge. I further understand that I must pass a basic drug, criminal history and background check.

Applicant Signature

Date