



Town of Granby, CT
Emergency Management
15 North Granby Road
Granby, CT 06035
(860) 844-5318



Application for Membership

Personal and Contact Information

Full Name: _____ Date of Birth: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Preferred (circle one): Home/Cell

Primary Email Address: _____

Secondary Email Address: _____

I am 18 years old or older (Y/N) _____ I will have a parent or guardian as a co-member (Y/N) _____

Drivers License #: _____ State Issued: _____

Have you ever been convicted of a felony (Y/N) ? _____

If yes, please list the town, date, and offense: _____

*** Prior convictions do not necessarily bar you from joining. All information is kept confidential ***

Emergency Contact Information:

Name: _____ Phone: _____ Relation: _____

Special Areas of Operation

☐ Emergency Communications ☐ Emergency Operations Center Support Staff
☐ Canine Search and Rescue ☐ Therapy/ Crisis Response Dogs ☐ Shelter Operations
☐ Mountain Bike Search and Rescue ☐ Drone Team ☐ Fire Police

I understand that participation in CERT involves varying levels of activity. I understand that it is my responsibility to notify the person in charge of any limitations I may have. (initial) _____

I understand that a background check may be performed on all program participants. My initials below is confirmation that I authorize a background check if required to be conducted. (initial) _____

I give consent for my image to be used for purposes deemed appropriate by CERT leaders and the Town of Granby (initial) _____

I certify that all information above is true and correct to the best of my knowledge.

Signature: _____ Date: _____