APPLICATION FOR MEMBERSHIP LEOMINSTER OFFICE OF EMERGENCY MANAGEMENT Mail to: 37 Carter Street, Leominster, MA 01453

PLEASE PRINT: Name: ____ FIRST **MIDDLE** Present Address: ______ Length of Residency: _____ ___ Length of Residency: _____ Previous Address: Place of Birth: _____ Date of Birth: ____ American Citizen: Yes _____ No ____ Social Security #: ______ Home Telephone #: _____ E-mail address: ____ Work Tel. #: _____ Pager #: ____ Cell #: ____ Driver's License #: Class: Expiration date: Occupation: _____Phone#____ Work Hours: _____ Can we contact you at work in case of an emergency? _____ Last Grade of School Completed 1 2 3 4 5 6 7 8 9 10 11 12 High School Grad.? Yes __ No __ College Graduate? Yes __ No __ College: _____ Type: ____ Major: ____ Religious or cultural beliefs or practices that may impact your availability: Height: **Eye Color:** _____ Hair Color: Physical Limitations: (describe) Identifying Scars: _____ Have you had any negative dealings with the police in the past? (Y) _____ (N) ____ CHARACTER REFERENCES: (please, no family members) Name Phone# Phone# WHAT UNIT OF EMERGENCY MANAGEMENT WOULD YOU LIKE TO JOIN? **Indicate:** ReHab _____ Rescue _____ Auxiliary Police Divers ____ Admin Communications ____ EMS _____ Sheltering Logistics SPECIAL SKILLS, HOBBIES AND QUALIFICATIONS: (Summarize any special skills or qualifications acquired from employment, experience or training; add

separate ape if needed)

LEOMINSTER OFFICE OF EMERGENCY MANAGEMENT APPLICATION Please read the following statements and place your initials next to each statement as an indication that you have read, understand and agree to the statements.

I understand that a CORI (Criminal Offender Record Information) check will be conducted on me.
I understand that a comprehensive background investigation will be conducted By the Leominster Police Department for applicants interested in joining the Auxiliary Police Unit only.
I understand that OEM membership is an unpaid, volunteer structure.
I understand that required Unit training levels must be maintained as a prerequisite f or continued membership.
Minimal costs may be required for some training programs.
If you are a high school student, Parental Consent <u>and</u> Guidance Counselor signatures are required:
Parental Consent Signature: Date:
Parents Printed Name:
Relationship:
Guidance Counselor Signature: Date:
Guidance Counselor Printed Name:
School:
I HEREBY STATE THAT ALL QUESTIONS HEREIN ASKED HAVE BEEN VOLUNTARILY AND TRUTHFULLY ANSWERED.
SIGNED
DATE
If you have a resume please attach it to this application.
Emergency Contact Information Member Name:
Person to Contact in case of an emergency:
Relationship to Member:
Contact Persons Address:
Contact Home Telephone #: Contact Work Telephone #:
Contact Cell Phone or Pager #:
FORM 10-002 Rev. D PERSONAL CONFIDENTIAL