



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 for continued membership. _____

Minimal costs may be required for some training programs. _____

If you are a high school student, Parental Consent and 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 # : _____