



Derry Community Emergency Response Team

# VOLUNTEER APPLICATION

Form 600.1

## Personal Information

Last Name		First Name		Middle		
Street Address			P.O. Box/Apartment	City		State Zip Code
Home Telephone	Business Telephone		Cellular Phone		Email Address	
Are you 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		To aid in our verification, please list any other name(s) by which you have been known:				
Give Addresses for last 5 years if different from current address:						
1.		2.		3.		
Have you ever lived in another state other than New Hampshire? If so, please list each state, city and date of residency:					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a valid New Hampshire Drivers License? Please list any state in which you have held a drivers license:					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your Drivers License ever been Suspended or Revoked for Any Reason? If so, please list each Date, Location, and Charge:					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a misdemeanor or felony (exclude violations), which has not been annulled or expunged by a court?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever had any type of Law Enforcement employment application rejected or have you ever been dismissed from any Law Enforcement position, either full- time or reserve? If so please provide date and agency:					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did You serve in the Military? If yes, what branch of service and what type of discharge did you receive and when?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally eligible for employment in the United States?					<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Experience**

Beginning with your present or most recent paid or volunteer position, list your last three employers, including military service. These employers may be contacted for reference purposes.		
1. Name of Organization	Complete Address	Telephone Number
Title:	Supervisors Name:	
Date of Employment Form:                      To:	Reason for Leaving:	
2. Name of Organization	Complete Address	Telephone Number
Title:	Supervisors Name:	
Date of Employment Form:                      To:	Reason for Leaving:	
3. Name of Organization	Complete Address	Telephone Number
Title:	Supervisors Name:	
Date of Employment Form:                      To:	Reason for Leaving:	

**Personal References**

List three persons who know your qualifications and professional experience. Do not list relatives or supervisors mentioned under "Experience" section.			
1. Last Name	First Name	Address	Telephone Number
2. Last Name	First Name	Address	Telephone Number
3. Last Name	First Name	Address	Telephone Number

**Certification and Authorization**

I certify that all of the statements made in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not employing me or dismissing me after I have begun work. I understand that all the information contained in this application may be subject to verification. I authorize the Town of Derry to investigate any of the information in this application. I authorize my current and former employer(s), unless otherwise indicated to provide the Town of Derry information regarding my current and former employment. I hereby release my current/ former employers and my references from any and all claims liability and damages resulting from the release of information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*Please attach a copy of your driver’s license with this application.**

The Derry Community Emergency Response Team is being sponsored by the Town of Derry, Bureau of Emergency Management and is part of the Greater Derry Citizens Corps Council. Any questions regarding this application should be directed to the Derry, Bureau of Emergency Management at 432-6751 or by email: [billgillis@ci.derry.nh.us](mailto:billgillis@ci.derry.nh.us). Please return the completed application to:

Town Derry, Bureau of Emergency Management  
Attn: CERT Coordinator  
14 Manning Street  
Derry, NH 03038

**Attachments:**

- NH DMV Motor Vehicle Record Request
- NH Criminal Record Request

**For Office Use:**

Date Application Received: \_\_\_\_\_

Notes:

\_\_\_\_\_  
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