

Capitol Region Emergency Planning Committee Membership Application



~ IMPORTANT INFORMATION -- READ CAREFULLY ~

- ✓ Please type or print legibly in black or blue ink.
- ✓ Items marked with an asterisk (*) **must** be completed
- ✓ If completing this electronically as an MS Word document:
 - Enter your information in each field. Use TAB to move.
 - Save the file on your computer
 - Send the file as an email attachment to the address on page 2

Applicant Personal Data					
*Last Name of applicant	*First Name of applicant	*Middle Initial	*Member ID PIN (Last 4 digits of SSN)	Office use only	
*Organization			*Title		
*Business Mailing address (number, street)					
*City		*State	*Zip Code		
Contact Information					
Communication Type	*Primary	First Alternate	Second Alternate		
*Email (to a Computer)					
Email (to a Pager or Cell phone)					
*Telephone (include area code)					
Cell phone (include area code)					
Pager # (include area code)					
Fax # (include area code)					
Name of Back-up Business Contact		Title			
Address (number, street, city, state, & zip code)		Telephone		Email	
Regional Emergency Support Function Role(s)					
*Number the R-ESF's that you plan to participate in, in order of your response priority (up to a max. of 5)					
	R-ESF 1 Transportation		R-ESF 10 Hazardous Materials		
	R-ESF 2 Communications		R-ESF 11 Food Services		
	R-ESF 3 Public Works and Engineering.		R-ESF 12 Energy		
	R-ESF 4 Fire Service		R-ESF 14 Media and Preparation. Education		
	R-ESF 5 Information and Planning		R-ESF 15 Volunteer Management		
	R-ESF 6 Mass Care		R-ESF 16 Law Enforcement		
	R-ESF 7 Resource Support		R-ESF 17 Animal Protection		
	R-ESF 8 Health and Medical Services.		R-ESF 18 Donations Management		
	R-ESF 9 Urban Search and Rescue		R-ESF 19 Special Needs		
Other affiliation: (Describe)					
Personal Information					
PROVIDING THIS INFORMATION IS OPTIONAL, but it may be valuable to CREPC in an emergency. Fill in as much info as you want.					
Member Home Mailing address (number, street)			Telephone		
City		State		Zip Code	
Date of birth	Sex	Height (digits only. ex: 5 11)	Eyes	Hair	Ethnic
Blood Type	Relevant Vaccinations: Smallpox <input type="checkbox"/> Anthrax <input type="checkbox"/>	Drug Allergies		Preferred Hospital	
Name of Emergency Family contact			Relationship		
Address (number, street, city, state, & zip code)			Telephone		Email

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Certifications or Specialized Training		
<input type="checkbox"/> CPR Certification (Expires:)	<input type="checkbox"/> First Responder Certification (Expires:) Number:	<input type="checkbox"/> EMT or EMT-P Certification (Expires:) Number:
<input type="checkbox"/> AHA <input type="checkbox"/> Red Cross		
NFPA Firefighter <input type="checkbox"/> I or <input type="checkbox"/> II Number:	<input type="checkbox"/> Emergency Vehicle Operator's Course (# & Exp)	<input type="checkbox"/> Instructor Type:

Other Certifications or Specialized Training			
Title	Dates Attended	License or Registration	Expiration Date
1.			
2.			
3.			
4.			

Other Skills	
List any other skills you feel may be useful to CREPC, such as electrician, carpenter, mechanic, HAM, computer, 2nd language, etc.	
1.	3.
2.	4.

Military Status		
<input type="checkbox"/> Active	Branch	
<input type="checkbox"/> Discharged	Rank	
<input type="checkbox"/> Reserve	Entry Date	Exit Date

Certificate of Applicant		
READ THIS APPLICATION AND YOUR ANSWERS CAREFULLY BEFORE SIGNING BELOW.		
I certify that there are no misrepresentations in or falsifications of these statements and answers. It is my responsibility to keep the office advised of any changes to my address or telephone numbers. This information is to be used only for activities related to C.R.E.P.C (the Capitol Region Emergency Planning Committee). The information contained in this application is considered confidential and will be protected as such in accordance with the Privacy Act of 1977.		
*Signature of Applicant		
*Printed Name	*Date	Last Update
<p><i>Please return this application to:</i></p> <p>CREPC, 241 Main Street Hartford, CT 06106-5310</p> <p>Or email this completed MSWord form to: "Viola Heath" <vheath@crcog.org></p>		

FOR OFFICE USE ONLY		
Reviewed by:	Approved <input type="checkbox"/>	Date:
Comments		

Confidentiality Note: The information contained on this document is intended for the use of the entity named above and may contain information which is privileged and/or confidential. This communication should not be copied or disseminated to anyone other than the entity named above without prior approval of the above named.

Thank-you for your interest in joining CREPC!