



Lincoln County

OFFICE OF EMERGENCY MANAGEMENT

32 High Street, P.O. Box 249
Wiscasset, Maine 04578
Phone: (207) 882-7559 Fax: (207) 882-7550



Lincoln County Community Emergency Response Team (CERT)

- Must be 18 years of age
- Must complete application and be subject for background check
- Lincoln County Emergency Management Administrates the CERT team.
- Workers Compensation and Liability Insurance are listed and detailed in M.R.S.A Title 37b section 748A
- Members are expected to follow all policies and procedures of the team and sub team they are on.
- CERT is completely voluntary and there will be no compensation for the work completed.
- Required training and certifications must be completed within a year of acceptance. Requirements are listed in attached SOPs/job descriptions.
- All members are required to have proof Hepatitis B vaccination or have refusal form filled out by a health care provider. If you do not have one and would like one Lincoln County EMA will help with arranging for you to get one.
- As a volunteer/volunteer applicant of Lincoln County EMA, understand and agree that any confidential information regarding, employees, visitors and fellow volunteers, or any other information which is disclosed to me and explained as being confidential is confidential. I understand that if I disclose any such confidential information that this could lead to disqualification as a volunteer applicant or dismissal as a volunteer





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Application for Lincoln County Community Emergency Response Team (CERT)

Basic Info

Last name: _____ First Name: _____ Middle In: _____

Home address: _____

Email address: _____

Phone Number: _____

Emergency Contact Name: _____ Phone: _____

Qualifications (select all that apply)

CPR and First Aid Trained? CPR Adult CPR Child First Aid

Amateur radio qualification? Yes No

Call sign: _____

Incident Command System (ICS): Basic (ICS 100, 700, 800)
 Intermediate (Basic + ICS 200) Advanced (Intermediate + ICS 300 and 400)

If you have additional, please attach certificates!

Hepatitis B (Please provide appropriate documentation): Vaccinated
 Need vaccination Will get vaccination at own provider Refusal





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Additional Special Skills (Include documentation if you can):

Photo and Publicly: Lincoln County EMA has permission to use my image for public relations?

_____ Yes _____ No

I _____, have received and reviewed copies of the Lincoln County Community Emergency Response Team Standard Operating Procedures and Organization By-laws. I understand that once a background check is completed, and this application is approved, I will be on probation for a 180-day period. During that time, I will commit to completing any/all training and certifications required to become a qualified team member. Though I am eligible to attend meetings and training sessions, until fully qualified it will be at the discretion of the team leader and Lincoln County EMA on what I can respond and participate in.

A criminal background check maybe considered before an applicant may be considered for a volunteer position at Lincoln County EMA. Background checks are administered by Lincoln County Sheriff's Office and are done at no charge to the volunteer applicant.

Applicant Signature and Date:

_____ Date: _____

Team Chief or Authorized Representative:

_____ Date: _____

***** DO NOT WRITE BELOW THIS LINE – EMA USE ONLY *****

EMA Director Approval:

_____ Date: _____

