



**Plaistow Office of Emergency Management**  
**27 Elm Street**  
**Plaistow, NH 03865**  
**Director Chris Knutsen**  
**Deputy Director Patrick Kiley**



Dear Prospective Member(s),

Thank you for your interest in becoming a member of the Plaistow Regional CERT team.

The CERT team provides a valuable service to the citizens and emergency personnel of Plaistow. The Team will be most commonly activated by the Plaistow Emergency Management Director in the event of a large-scale emergency. CERT members will be notified of a need for assistance through the CERT Team Leader.

Throughout the year, CERT conducts various training events to ensure that the team is ready to respond to a wide variety of emergencies. Several topics may include: assisting with search and rescue, traffic control operations, establishing and operating shelters, receiving first aid training, and disaster response. These trainings could be local or in conjunction with other area CERT teams. The trainings are offered by experienced emergency management personnel at no charge to the members.

Attached is a copy of the CERT application package for your review. We ask that you fill out each of the documents as fully and accurately as possible.

The package consists of:

1. The "CERT Membership Application" questionnaire which provides needed administrative information and identifies interest in each of the functions performed by CERT. (This includes the Town of Plaistow Volunteer Form)
2. A "State of NH Volunteer Candidate Background Check form" to request a Background Check by the NH State Police. Complete Section I only as the document must also be signed by a Notary and Plaistow Human Resource Director prior to submitting it to the State. The report will be directly mailed to the Plaistow Human Resource Director.
3. A "Medical Release Form" that identifies if there should be any restrictions to assigned duties. (A *completed/signed form is requested no later than 4 months after becoming a member*). Please note, an updated medical release form, signed by your physician will be required every two years to remain as an active team member. This requirement is for your own safety and the safety of your team.

Once your completed application including all forms has been received and reviewed, you will be contacted to briefly review the next step of joining the team.

CERT meets on the second Thursday of every other month at 6:30PM. At the Plaistow Safety Complex. If you have any questions or concerns please feel free to contact me.

Patrick Kiley, MPA, PCP  
Deputy Director, Emergency Management

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# Plaistow Community Emergency Response Team

## Membership Application Form



### CERT Membership Application

The Town of Plaistow's Emergency Management Department has formed a volunteer Community Emergency Response Team, or CERT. We are seeking applicants who: 1) have an interest in the community. 2) are at least 18 years of age and have a valid driver's license. 3) are physically and medically able to help coordinate shelter efforts, participate in search and rescue activities and training. 4) can pass a criminal and motor vehicle background check.

Before completing this application, please be prepared to make at least a one year commitment to the team. You need not be a community service organization member to participate; you only need to have a strong desire to make a difference in the Plaistow community.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Please mark which number you would like Primary, Secondary and Tertiary

Home Phone: \_\_\_\_\_ ☐ P ☐ S ☐ T Cell: \_\_\_\_\_ ☐ P ☐ S ☐ T

Work Phone: \_\_\_\_\_ ☐ P ☐ S ☐ T

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Do you have prior experience with, or training in Search and Rescue? ☐ Y ☐ N

If yes, please explain your experience and with what organization: \_\_\_\_\_

Have you ever been in the military? ☐ Y ☐ N

Were you honorably discharged? ☐ Y ☐ N

If yes, what branch and what was your specialty: \_\_\_\_\_

Do you have any other experience that you feel can be of benefit? ☐ Y ☐ N

If yes, please explain: \_\_\_\_\_

Have you had any First Aid or other medical training? ☐ Y ☐ N

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

If you become injured as a result of team operations, please provide an emergency contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Do you have a HAM Radio License? ☐ Y ☐ N If yes what is your call sign? \_\_\_\_\_

Below is a list of the different roles our members take on. Please check one of the below areas if you would be interested in being a Team Leader:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- Search & Rescue
- Disaster Response
- Shelter Operation
- Public Relations

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- Education & Awareness
- Traffic Control
- Incident Communication
- Team Training

By signing this application, I authorize the Plaistow Police Department to conduct a criminal, motor vehicle and background check. I also agree to abide by all CERT standards and procedures, and to obey the orders of team leaders, and leaders of Plaistow Emergency Management. I further assert that I am not a convicted felon. I understand that if accepted as a team member, I must report any changes in my medical or physical condition that could compromise my performance. I also understand that I may be exposed to physically challenging terrain, weather and work conditions. I understand I may also be exposed to sights, smells, sound of the injured or deceased I would not normally be exposed to.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Plaistow Regional CERT Team Medical Release Form



### To Applicant:

All those who wish to participate in the Plaistow Regional Community Emergency Response Team (CERT) must have this medical release form signed by their physician.

Your physician must consider your participation as a member of CERT, based on your medical condition, and sign off on your application.

### To the Physician:

Members of CERT, a voluntary emergency response organization in Plaistow, participate in various activities relating to emergency situations, which may include hard physical activity during a search and rescue operation, including hiking through all types of terrain for long periods of time, day and night regardless of weather conditions, and carrying heavy loads. In addition, CERT participates in other activities that may not require excessive exertion, including desk work, communications, shelters operations, traffic control, and educational awareness.

Please use comment section below to specify if lighter duty is recommended or OK to proceed. Your permission is necessary in order for your patient to participate. Thank you for your consideration!

Applicant Name (Please Print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I consider the above named applicant medically capable of participation in CERT.

Physician's Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Comments: \_\_\_\_\_

# TOWN OF PLAISTOW, NEW HAMPSHIRE

## VOLUNTEER SERVICE STATEMENT & AGREEMENT



I, MAKE THIS STATEMENT IN ORDER TO PROVIDE, AND TO BE  
AUTHORIZED TO PERFORM, THE FOLLOWING UNCOMPENSATED SERVICES  
TO MY COMMUNITY:

\_\_\_\_\_ UNDER THE DIRECTION OF: Patrick Kiley  
(Name of Volunteer) (Supervisor of Volunteer)

Will be Performing (not limited to) any activities described in the Town of Plaistow  
Community Emergency Response Team Standard Operating Procedures  
(Describe Project Volunteer will be performing)

Between \_\_\_\_\_ and End Date not Specified

In performing the specified volunteer service, I acknowledge:

- I know of no reason, medical or otherwise, which would prevent me from performing the tasks required,
- That I have acquainted myself with what is required to perform those tasks, and represent that I have the skill and ability to perform them,
- That I assume full responsibility for my own safety and the safety of others who might be affected by my actions or omissions. I hereby agree to release, defend, indemnify and hold harmless the Town, its agents, employees, and officers, from any and all claims of illness, bodily injury, personal injury, or property damage, occurring to me or to others, arising from my negligent, reckless, wanton or intentional conduct while participating in this activity.
- That I will perform the volunteer service in compliance with the standards and specifications established, or approved, by the Town of Plaistow, and will honor the direction of the Town of Plaistow officials to suspend or terminate service:
- That I agree to the foregoing in consideration for being permitted to perform volunteer service for and on behalf of the Town of Plaistow.

Volunteer: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_





# State of New Hampshire

Department of Safety  
DIVISION OF STATE POLICE

## Criminal Records Unit

33 Hazen Drive, Concord, NH 03305

### NEW HAMPSHIRE MUNICIPAL EMPLOYEE BACKGROUND CHECKS EMPLOYEE/VOLUNTEER CANDIDATE BACKGROUND CHECKS NH RSA 41:9-b

#### INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

#### SECTION I (PLEASE PRINT CLEARLY)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Maiden \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ ☐ Male ☐ Female

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

My signature below signifies I am the individual listed above and the information provided is true.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signed under penalty of unsworn falsification pursuant to RSA 641:13

#### SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary's Signature \_\_\_\_\_

Signature of person/entity to receive record \_\_\_\_\_ (Affix Seal) Date \_\_\_\_\_

#### RECORD CHALLENGE

**Saf-C 5703.12 Procedure for Correcting a CHRI** (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

**WARNING:** The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

#### FEES

☐ LIVESCAN - \$48.25 ☐ INKED - \$48.25 ☐ VOLUNTEERS - \$21.25 (Livescan or Ink)

NH Only - \$25.00 ☐

Prepaid Account Number \_\_\_\_\_

NOTE: Make checks payable to: State of NH – Criminal Records

Fingerprint card or completed livescan form must be submitted at the same time as payment and this form.