

*Spencer Emergency Management Agency
11 West Main Street
Spencer, MA 01562
(508) 885-7511*

Application

Name: _____

Address: _____

Town: _____

Telephone: _____ *Cell:* _____ *E-mail:* _____

Have you ever been in Emergency Management ? _____

How Long? _____ *Where* _____

Training:
CPR _____ *Expiration Date:* _____

Basic First Aid _____ *First Responder* _____ *EMT* _____

Related Emergency Management experience: _____

Education: _____

Employer: _____ *Phone:* _____

Work Address: _____

Work Hours: _____ *Can you leave work ?* _____

Over:

References: At least 3

Name

Phone

1. _____

2. _____

3. _____

Applicant's

Signature: _____ *Date:* _____

SEMA Officer

Signature: _____ *Date:* _____