

Interview Date:

Interview Time:

Stony Brook Campus-Community Emergency Response Team

Application for Membership

INSTRUCTIONS

All pertinent sections of this application must be completed in its entirety. In order to complete the application process, you must also attend an interview, agree to an academic/judicial background check, and have a minimum GPA of 2.25 upon the day of your interview.

Please be sure that ALL responses on this application have been given and are as accurate as possible. The information supplied in this application is subject to verification.

Date of Application: _____ Expected Graduation: _____ Gender: _____

SECTION I INFORMATION ABOUT THE APPLICANT

Full Name:

On-Campus Address. Commuters and special circumstances (refer to Special Circumstance Section place N/A):

Permanent Address (if different from above)

Home Telephone: (_____) _____ Cellular Telephone: (_____) _____

University ID Number: _____ Blackboard Username (NetID): _____

Stony Brook E-mail Address:

Are you 18 years of age or older? YES NO Birth Date: _____

Do you have a valid Driver's License? YES NO State: _____ License #: _____

Have you ever been convicted or pleaded guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? YES NO If YES, give details in SECTION V

Special Circumstances Section (Optional)

Are you currently not living on campus due to COVID (ex. All classes are online) YES NO

Are you planning on returning to live on campus? If so, when: FALL 2022 SPRING 2023 OTHER: _____

SECTION II PREVIOUS EMERGENCY SERVICES/MILITARY EXPERIENCE

1. Have you ever had experience as a member of an Emergency Services Organization/Military? YES NO

2. Name of Agency and Address: _____

3. Do you hold any current certifications (CPR/EMT, etc.)? YES (list below) NO

CERTIFICATION: _____ Expiration: _____

CERTIFICATION: _____ Expiration: _____

CERTIFICATION: _____ Expiration: _____

4. Have you ever been dishonorably discharged from an Emergency Services Organization? YES NO

SECTION III REFERENCES

List one or more professional references (Stony Brook faculty/staff *preferred*). Please use a valid phone number and email address.

1. Name:

Telephone: (____) _____ E-Mail: _____

Address: _____

2. Name:

Telephone: (____) _____ E-Mail: _____

Address: _____

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3. List the names of up to three acquaintances that are members of SB C-CERT, if any:

4. Have you applied to SB C-CERT before? If so, when:

5. How did you find out about SB C-CERT?

SECTION IV RESUME

Please come prepared with a resume for your scheduled interview with our organization.

SECTION V OTHER INFORMATION ABOUT THE APPLICANT

1. Why do you want to join C-CERT?

2. What do you hope to gain from C-CERT?

3. Is there anything else you feel necessary to tell us that was not included in this application?

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SECTION VI PRIVACY INFORMATION AND AUTHORIZATION

The Personal Privacy Protection Law requires that you be notified of the following facts when information, which will be maintained in a record system, is collected from you.

The authority to request and confirm personal information on you is assumed by Stony Brook C-CERT. The information obtained will: be used to determine your qualifications for the position for which you are applying; be released to the command and executive staff; and be maintained in your personnel file (if accepted) or in our application file for six (6) months from the date of submission. Failure to provide the information or authorization will result in your application not being considered for membership. The information will be maintained by Stony Brook C-CERT at our administrative headquarters.

Within the Freedom of Information Law, all information contained/or obtained herein will remain confidential and will be used only for internal membership processing.

I hereby certify that ALL statements made by me for application to membership in Stony Brook C-CERT are true under penalty of perjury.

I, _____, by completing and submitting this formal application for membership for the SB C-CERT, hereby certify that all information is correct and represents the sole information of myself. In addition, I, if accepted as a member of the SB C-CERT, do hereby swear to uphold my duties and responsibilities of the SB CCERT, in accordance with the bylaws and Standard Operating Guidelines.

Applicant Signature: _____ Date: _____

**Stony Brook University Campus Community Emergency
Response Team**