



NORTH BRUNSWICK

COMMUNITY EMERGENCY RESPONSE TEAM (CERT)

Full Name _____

Home Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____

Email Address _____

Employer Name _____

Employer Address _____

Title or Job Description _____

I am 18 or older _____ D.O.B. ____ - ____ - ____ Drivers License # _____

Have you ever been arrested _____ if yes please list when, where and the offense

This program does include physical activity. Do you require any special Accommodations to participate in this program? (please explain)

Do you have any allergies? (if so please list)

Name of emergency contact _____

Phone number of emergency contact _____

Please list any previous training or certifications which you have that would be beneficial to the CERT team including, First Aid, CPR, Military , etc.

I understand that a background check will be conducted on all applicants. I authorize a background check and fingerprinting based on acceptance of this application. I give permission for any still photography or video footage in which I may appear to be used for whatever purpose deemed appropriate. I do this voluntarily and with the understanding there is no remuneration. In addition, I release any involved agencies and jurisdictions from any liability related to this training. All information on the above application is true.

Signature

Date

Please return this completed and signed application to: mcafferty@northbrunswicknj.gov OR eivans@northbrunswicknj.gov Thank you for your desire to join the North Brunswick CERT Team.