



Community Emergency Response Team

Washington Township, Morris County, New Jersey



Membership Application (please type or print clearly)

Full Name: _____

Home Street Address: _____

City: _____ Zip Code: _____ County: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Employer Name and Address: _____

Job Description: _____

Driver License State: _____ Driver License #: _____ Date of Birth: _____

Have you ever been arrested? _____ If yes, please list when, where and the offense:

Many CERT activities involve physical activity. Are you under any physical restrictions? _____

If yes, please explain: _____

Name and phone numbers of primary emergency contact: _____

How did you hear about the CERT program? _____

Why do you want to become a CERT member? _____

Please share your special interests, skills and community involvement experience:

I certify that all above information is true. I am authorizing a background check by my signature below. I understand that CERT activities may be covered by the press and my likeness may appear in still photography or video footage for which there will be no remuneration.

Signature: _____ Date: _____

(Once you have completed the application please email to bruce.clark@wtmorris-oem.org or fax to 908-876-5138, Attention: Bruce Clark)