



South Plainfield New Jersey
Community Emergency Response Team
Office of Emergency Management
2480 Plainfield Ave South Plainfield NJ 07080
908-755-0700

CERT MEMBERSHIP APPLICATION: Page 1 of 2.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email: _____

Contact in an emergency: _____ Phone: _____

I. Skills and Interests

Education: Degree _____ Institution _____ Dates attended _____

License(s) held: _____ Language(s) spoken fluently: _____

Hobbies, skills, & interests: _____

Occupation: _____ Employer: _____

Address: _____ Phone: _____

II. Experience (paid and volunteer, beginning with the most recent):

Position Organization Dates

III. Volunteering Preferences

Is there a particular type of volunteer work in which you are interested?

Availability (days & hours): _____

Do you have access to a vehicle that you can use for volunteer work? YES _____ NO _____

How did you hear about South Plainfield C.E.R.T.?



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IV. References

Give the names and contact information for three people (not relatives) who know you well and can attest to your character.

V. Verification and Consent for Reference and Background Check

I verify that the above information is accurate to the best of my knowledge.

I give the Borough of South Plainfield NJ, *Office of Emergency Management* permission to inquire into my educational background, references, licenses, police records, and employment and/or volunteer history. I also give permission to the holder of any such information to release it to the Borough of South Plainfield, Office of Emergency Management.

I hold the Borough of South Plainfield Office of Emergency Management harmless of any liability, criminal or civil, that may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to the above-named agency. I understand that the Borough of South Plainfield Office of Emergency Management will use this information only as part of its verification of my volunteer application.

_____ Name (please print)	_____ Social Security Number
_____ Signature	_____ Date
_____ Witness	_____ Date

Mail or Email Application to: **Lt. Wendell Born**
Deputy OEM / CERT Coordinator
2480 Plainfield Ave
South Plainfield NJ 07080
908-755-0700
wborn@sppolice.com

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