

BOROUGH OF WOODLAND PARK OFFICE OF EMERGENCY MANAGEMENT

Community Emergency Response Team (CERT)

5 Brophy Lane Woodland Park, NJ 07424 Office: 973-345-8116

Email: jdomicolo@wpnj.us

CERT MEMBERSHIP APPLICATION

Name:	Application Date:			
Home Address:	ENILS	M	101	
Occupation:	4V	Date of Birth:		
Home Phone:	Work Phone:	Cell:	· Z	1/1/1
E-Mail Address:	4		1 G	
Reason to become a CERT Mem	nber:	FM7	E.S.	
Do you have any special skills, h	nobbies, etc.:		5	
Do you have any physical restric	ctions? (Back problems, Aller	gies, etc.):		
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	EMERGENCY	CONTACT INFORMATION		
Name:	Relation	nship:		
Address:	10	V	the fl	
Home Phone:	Cell P	hone:	× 1V	
	NODI	ANDP	NO	

I understand that membership in the program requires a commitment to keep training credentials current, to attend membership meetings whenever possible, and to volunteer to participate in functions or missions as often as I can. I understand that CERT training can be inherently dangerous. You may be lifting, carrying heavy objects, stooping, and bending. You may be kneeling for periods of time. Every precaution shall be taken to ensure your safety. As a CERT member, you will be trained in a variety of disaster preparedness and rescue activities that will allow you to assist local first responders in an emergency. Upon completion of all required CERT modules, activities, and scenarios, you will receive a CERT Identification tag and CERT backpack. All items issued to you remain the property of Woodland Park Office of Emergency Management and will be returned upon request. I understand that this application does not automatically make me a member and that further interviews may take place. I fully understand that the CERT program is under no obligation to accept all interested volunteers. I hereby certify that all information on this application is accurate and correct and I hereby make an application for membership in the Borough of Woodland Park.

Signature	Da	ate
Date received:	Background completed:	Reviewed by: