



Office of Emergency Management
 Christopher J. Phelan, Coordinator
 One Municipal Drive
 Flemington, NJ 08822
 chris.phelan@raritantwpnj.gov

COMMUNITY EMERGENCY RESPONSE TEAM (CERT) VOLUNTEER APPLICATION

(Please note: Qualified applicants will be screened and/or interviewed before being appointed to the team. Fingerprint/Background checks will be required upon approval. *)*

NAME: _____
 ADDRESS: _____
 PHONE: (day) _____ (eve.) _____ (cell) _____
 EMAIL: _____
 OCCUPATION: _____

LEVEL OF EDUCATION COMPLETED: High school College Graduate Grad.+
 ARE YOU 18 YEARS OF AGE OR OLDER? YES NO
 ARE YOU A FIRST RESPONDER? Police Fire Medical Hazmat NO
 ARE YOU ASSOCIATED W/ANY RELATED ORG. (ie. Red Cross) YES NO

WHY WOULD YOU LIKE TO VOLUNTEER FOR THE CERT TEAM?

IF YOU HAVE ANY OF THE SKILLS BELOW, PLEASE CHECK and EXPLAIN:

MEDICAL____; MENTAL HEALTH/COUNSELING____; FIRE____
 HAZARDOUS MATERIALS____; POLICE____; MILITARY____;
 CDL OR OTHER TRANSPORTATION/ HEAVY EQUIP. LICENSES(including
 air/water)____; LANGUAGE SKILLS____; RADIO OPERATIONS LICENSES or
 SKILLS____; SUPERVISION/MANAGEMENT TRAINING or EXPERIENCE____;

ARE YOU INTERESTED IN: STAFFING A SHELTER? - YES NO
 WORKING WITH ANIMALS? - YES NO

SHOE SIZE_____SWEAT/T- SHIRT SIZE_____JACKET SIZE_____

I represent that all the information that I have given in this application is true.

 Applicant signature

***EMAIL COMPLETED APPLICATIONS TO:**

chris.phelan@raritantwpnj.gov