

Ocean Township CERT
Application Form

Return to: **Office of Emergency Management**
50 Railroad Avenue
Waretown, NJ 08758

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ e-mail: _____

List current or past civic/community organization affiliation(s): _____

Place of employment: _____

Job Title: _____

*Social Security Number: _____

* Required for workforce safety & insurance

Why are you interested in CERT training? _____

Please list any physical limitations (problems with lifting, physical exertion, etc.):

Have you been convicted of a felony? _____ If yes, please explain: _____

Emergency Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ e-mail: _____

The above information is, to the best of my knowledge, complete and accurate. I also understand a background check may be performed.

Applicant Signature: _____ Date: _____

(Application is not valid without signature: All lines must be completed and returned with a signed informed Consent Waiver and Release of Liability Agreement)

The Ocean Township Citizen Corp. reserves the right
to accept or reject any CERT applications