

Ocean Township **CERT Member Information Form**

Municipality: Ocean Township

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ e-mail: _____

Date of Birth: _____ Social Security No.: _____

Blood Type: _____

Employer/School:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Immediate Supervisor: _____

Normal Work/School Hours: _____

Special Skills:

EMT CPR FIRE NURSE OTHER: _____

LANGUAGES SPOKEN: _____

Once this form is complete, mail or fax to:

Office of Emergency Management
50 Railroad Avenue
Waretown, NJ 08758
Fax No. (609) 693-8392