



Mendham Borough Office Of Emergency Management  
 Community Emergency Response Team (CERT)  
**Registration Form**



**A criminal background check will be conducted. A copy of your Driver's License or State Issued ID must be returned with your registration form.**

PLEASE PRINT CLEARLY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you currently or have you ever been employed or volunteered for a Public Safety Agency? **YES** \_\_\_ **NO** \_\_\_

If yes which one(s)? \_\_\_\_\_

Please explain any disaster-related training or experience you have had. \_\_\_\_\_

Are you a licensed Amateur Radio Operator? **YES** \_\_\_ **NO** \_\_\_ Call Sign: \_\_\_\_\_ Class: \_\_\_\_\_

Are you a licensed: **Medical Doctor** \_\_\_ **Nurse** \_\_\_ **Paramedic** \_\_\_ **EMT** \_\_\_ **1<sup>st</sup> Responder** \_\_\_ **Other** \_\_\_\_\_

Excluding traffic tickets, have you ever been convicted of a crime? **YES** \_\_\_ **NO** \_\_\_

If yes explain \_\_\_\_\_

Why are you interested in attending the Community Emergency Response Team (CERT) training?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have any medical condition(s) that would hamper any hands-on activities? (This will not hinder your ability to participate in the program.) **YES** \_\_\_ **NO** \_\_\_

I authorize investigation of all statements contained in this application for the CERT Training Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to:  
 Attn: OEM Coordinator  
 Borough of Mendham  
 2 West Main St  
 Mendham NJ 07945

or complete scan and email to: [MendhamBoroughOEM@Gmail.com](mailto:MendhamBoroughOEM@Gmail.com)  
 For Any Questions, Comments or Concerns Contact:  
 Mendham Borough OEM Coordinator  
 Phone: 973-922-0782  
 Email: MendhamBoroughOEM@gmail.com  
 Website: www.MendhamNJ.org



## Mendham Borough Office of Emergency Management RECORD INFORMATION CONSENT FORM

I hereby authorize **the Mendham Borough Office of Emergency Management and the Mendham Borough Police Department** to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in New Jersey with the understanding that the results may be used to make a decision affecting my ability to volunteer for the CERT program.

\_\_\_\_\_  
Full Name (printed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Drivers License - Issuing State and Drivers License #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date