



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** ___ **1st 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
 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