



Highland Park Borough
 Community Emergency Response Team
 Office of Emergency Management
 222 South 5th Avenue
 Highland Park, NJ 08904

MEMBERSHIP APPLICATION

Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: (Home) _____ (Work) _____ (Cell) _____
 Email: _____
 Contact in an emergency: _____ Phone: _____

I. Skills and Interests

Education: Degree _____ Institution _____ Dates attended _____
 License(s) held: _____ Language(s) spoken fluently: _____
 Hobbies, skills, & interests: _____
 Occupation: _____
 Employer: _____ Address: _____
 Phone: _____

II. Experience (paid and volunteer, beginning with the most recent):

Position	Organization	Dates:

III. Volunteering Preferences:

Is there a particular type of volunteer work in which you are interested?

 Availability (days & hours): _____
 Do you have access to a vehicle that you can use for volunteer work? YES _____ NO _____
 How did you hear about Highland Park Borough C.E.R.T.? _____

IV. References

Give the names and contact information for three people (not relatives) who know you well and can attest to your character.

V. Verification and Consent for Reference and Background Check

I verify that the above information is accurate to the best of my knowledge.

I give Highland Park Borough Community Emergency Response Team permission to inquire into my educational background, references, licenses, police records, and employment and/or volunteer history. I also give permission to the holder of any such information to release it to Highland Park Borough Community Emergency Response Team.

I hold Highland Park Borough Community Emergency Response Team harmless of any liability, criminal or civil, that may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to the above named agency. I understand that Highland Park Borough Community Emergency Response Team will use this information only as part of its verification of my volunteer application.

Name (please print)	Social Security Number
Signature	Date
Witness	Date

Mail Application to:
Mr. H. James Polos
OEM / CERT Coordinator
222 South 5th Avenue
Highland Park, NJ 08904