



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)

---

Signature	Date
-----------	------

---

Witness	Date
---------	------

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