

EAST HANOVER TOWNSHIP
OFFICE OF EMERGENCY MANAGEMENT
411 RIDGEDALE AVENUE
EAST HANOVER, NEW JERSEY 07936
(973) 428-3031

CERT REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ HOME PHONE: _____

HOME FAX: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

D.O.B.: _____ SOCIAL SECURITY #: _____ BLOOD TYPE: _____
(Optional)

SCHOOL/EMPLOYER

NAME: _____

ADDRESS: _____

IMMEDIATE SUPERVISOR: _____

NORAMAL WORKING HOURS: _____ TELEPHONE: _____

SPECIAL SKILLS

- | | | |
|--------------------------------|------------------------------------------|----------------------------------------|
| <input type="checkbox"/> EMT | <input type="checkbox"/> LAW ENFORCEMENT | <input type="checkbox"/> CLERICAL |
| <input type="checkbox"/> CPR | <input type="checkbox"/> NIMS TRAINING | <input type="checkbox"/> OTHER HOBBIES |
| <input type="checkbox"/> FIRE | <input type="checkbox"/> GRANT WRITTING | |
| <input type="checkbox"/> NURSE | <input type="checkbox"/> COMPUTER SKILLS | |

LANGUAGES SPOKEN: _____

You will be contacted by your Emergency Management Coordinator on the training dates for the CERT Program. Thank you for your interest in becoming a CERT member.

FOR OFFICIAL USE ONLY	
CERT TRAINING DATES: _____	EQUIPMENT ISSUED
GRADUATION: _____	