



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.

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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