

Borough of Hawthorne
Office of Emergency Management
CERT Program Application

Applicant's Name:

Age Date of Birth Social Security #

Home Address:

Town: State: Zip Code:

Home Telephone # Cell Phone #

Email Address:

Occupation:

Work Hours / Days of the week:

Work Address:

Town: State: Zip Code:

Work Telephone #

Do you hold any specific types of licenses or certifications: (CPR, Counseling etc.)

Do you participate in any other type of volunteer work or programs: Yes () No ()

Name of Organization:

Organization Contact Person: Telephone #

Do you speak any language other than English: Yes () No ()

What Language(s)

Are you interested in receiving training in: CPR () Incident Command Systems ()

Shelter Operations () Hazardous Materials Training () Other:

Other area's of interest: Clerical () Health Education () Traffic Assistant ()

Computer Support () Other area's not listed:

Application continued on next page

Availability Preference Day () Evening () Weekends ()

Best way to contact you: Home # () Cell # () Work # () Email ()

Emergency Contact:

Name:

Relationship:

Home Address:

Town:

Home Telephone #

Cell #

Background Check Disclaimer

The Borough of Hawthorne reserves the right to check on all applicants through a criminal background and motor vehicle history check.

Driver's License #

Applicants Signature:

Date:

Office use Only

Background test conducted Yes () No () By:

Application Approved Yes () No ()

Please return this application to Hawthorne Police Headquarters, 445 Lafayette Avenue, Hawthorne, NJ, 07506

Attention: Sgt. Richard M. McAuliffe