Borough of Hawthorne
Office of Emergency Management

CERT Training 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:

Borough of Hawthorne
Office of Emergency Management

CERT Training Application

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:

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