Holmdel Township
Community Emergency Response Team (CERT)
Application

Name _____
(First) (Middle) (Last)

Address _____ **City** _____ **State** ___ **Zip Code** _____

Employer _____ **Title/Occupation** _____

Business Address _____ **City** _____ **State** ___ **Zip Code** _____

Home Phone Number _____ **Business Phone Number** _____

Alternate Number _____ **Emergency Contact** _____
(Name and phone number)

Email Address _____ **Social Security Number** _____

Driver License #_____ **Date of Birth (mm/dd/yyyy)** _____
(Include State Issued by)

Please list any previous training that you may have had, including First Aid, CPR, Military etc.,_____

_____

_____

Shirt Size **XS** **S** **M** **L** **XL** **XXL**

I am making an application to the Holmdel Township CERT. By my signature I authorize the Holmdel Police to conduct a background check, to include a criminal history. This information will remain confidential to the Holmdel Police Department. I also certify that the information supplied by me is true to the best of my knowledge.

I further give permission for any still photography or video footage in which I may appear to be used for any purpose deemed appropriate. I do this voluntarily and with the understanding there is no remuneration.

_____ _____
Signature Date

Submit application to the Holmdel Police Department, Attn Emergency Management, 4 Crawfords Corner Road, PO Box 410,Holmdel, NJ 07733.

Contact Michael Simpson (Holmdel OEM) at (732) 392-9291, Capt John Mioduszewski at the Holmdel Police Department at (732) 946-4400, or Rocco Pascucci (CERT Team Leader) at (732) 946-3213 with any questions.