



Woodbridge Township  
 Community Emergency Response Team  
 Office of Emergency Management  
 One Main Street, Woodbridge, New Jersey 07095  
 732-602-7377



## 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 Woodbridge Township C.E.R.T.? \_\_\_\_\_



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### 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 *Woodbridge Township 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 *Woodbridge Township Community Emergency Response Team*.

I hold *Woodbridge Township 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 *Woodbridge Township 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