



Joseph Pannullo
Mayor

Office of Emergency Management Township of East Hanover

2 DeForest Avenue
East Hanover, NJ 07936
(973)888-6072



John G. Centanni
Chief/Coordinator



COMMUNITY EMERGENCY RESPONSE TEAM CERT/TEEN CERT Application Form

Name: _____

Address: _____

Town: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

D.O.B.: ____/____/____ Driver's License #: _____

Employer/School:

Name: _____

Address: _____

Immediate Supervisor: _____ Normal Working Hours: _____

Special Skills:

EMT
CPR
Nurse
Grant Writing

Law Enforcement
Firefighter
Clerical
IT

I, (print name) _____ understand the questions I have been asked and hereby certify that the above information is true and correct to the best of my knowledge. Misrepresentations, omissions, or falsification may be ground for rejection or termination. I promise to uphold the rules and regulations. By signing this application, I further agree to release my information to the East Hanover Police Department and to the Office of Emergency Management to have my motor vehicle record and criminal background check done for the purpose of establishing my good character to determine my eligibility as an East Hanover Citizens Emergency Response Team Member. It is also understood that the Coordinator of the Office of Emergency Management has the right to make a final decision of determining my eligibility as a CERT Member which is final.

Signature: Parent/Guardian – Minimum Age 16: _____ Date: ____/____/____

Signature: _____ Date: ____/____/____