



Township of Neptune
Community Emergency Response Team
Office of Emergency Management
25 Neptune Boulevard, Neptune, New Jersey, 07753
732-988-5200 Ext. 242

MEMBERSHIP APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email: _____

Contact in an emergency: _____ Phone: _____

I. Education:

Please list the Institution, dates attended and any degrees held below:

License(s) held _____

Language(s) spoken fluently _____

II. Skills and Interests:

Please list any hobbies, skills and interests below:

III. Occupation:

Please list your current employers name, address and phone number along with your occupation below:

IV. Experience:

Please list any paid or volunteer organizations beginning with the most recent below:

Position	Organization	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

V. Volunteering Preference:

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__

Do you hold a valid Driver's License? YES__ NO__, DL# _____

How did you hear about Neptune Township C.E.R.T? _____

VI. References:

Give the names and contact information for three people not related to you who can attest to your character.

1. _____

2. _____

3. _____

VII. Verification and Consent for Reference and Background Check:

I verify that the above information is accurate to the best of my knowledge.

I give *Neptune 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 *Neptune Township Community Emergency Response Team*.

I hold *Neptune 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 *Neptune 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

Mail Application to: Township of Neptune
Office of Emergency Management
25 Neptune Boulevard
PO Box 1167
Neptune, NJ 07753