



CITY OF CLIFTON
 Community Emergency Response Team
 Office of Emergency Management
 900 Clifton Ave, Clifton, New Jersey 07013
 973-470-5801



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 Clifton C.E.R.T.? _____



CITY OF CLIFTON
 Community Emergency Response Team
 Office of Emergency Management
 900 Clifton Ave, Clifton, New Jersey 07013
 973-470-5801



MEMBERSHIP APPLICATION

IV. References

Give the names and contact information for three people (not relatives) who know you well and can attest to your character.

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 the City of Clifton *Office of Emergency Management* 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 the City of Clifton Office of Emergency Management.

I hold the City of Clifton Office of Emergency Management 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 the City of Clifton Office of Emergency Management 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: **Michael Onder**
Deputy OEM / CERT Coordinator
900 Clifton Ave
Clifton, NJ 07013
Monder@cliftonnj.org