



South Plainfield New Jersey  
CERT - Community Emergency Response Team  
OEM -Office of Emergency Management  
2480 Plainfield Ave South Plainfield NJ 07080

## CERT MEMBERSHIP APPLICATION: Page 1 of 3

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 South Plainfield C.E.R.T.?

\_\_\_\_\_



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908-755-0700

## 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.

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### V. Verification and Consent for Reference(s), Background Check, & Fingerprint Submission to IDENTOGO

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

I give the Borough of South Plainfield NJ, *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 Borough of South Plainfield, Office of Emergency Management.

I hold the Borough of South Plainfield 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 Borough of South Plainfield Office of Emergency Management will use this information only as part of its verification of my volunteer application.

Per NJ Admin. Code 13:59-1 Applicants will submit their fingerprints @ IDENTOGO <http://www.identogo.com>  
Service Code 2F1HSX Contributing Case# EMPLOYER CERT, NJ ORI# NJ0122200

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Name (please print)

DL Number

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Signature

Date

Please Return Application to: OEM Coordinator or Deputy Coordinator  
2480 Plainfield Ave.  
South Plainfield NJ 07080  
908-755-0700

## Becoming a South Plainfield CERT member Instructions.

- Complete South Plainfield's CERT application and return to OEM Coordinator.
- Get finger printed at IDENTOGO using the information on the application for Volunteers.
- Complete FEMAs independent study Intro to CERT program:  
IS-317.A - Introduction to Community Emergency Response Team (CERTs) @  
<https://training.fema.gov/is/courseoverview.aspx?code=IS-317.a&lang=en>
- You will also need to set up a FEMA SID number using the below listed link. This will be your unique number that will be utilized for all future FEMA training.@  
<https://cdp.dhs.gov/femasid/register>
- Finally, Complete the required CERT Practical Training issued via a certified CERT Instructor's Program. This training is usually spread out over a few weekends or weeknights after the above tasks are completed.

Congratulations and Good Luck!

Please Return Application to: OEM Coordinator or Deputy Coordinator 2480 Plainfield Ave. South Plainfield NJ 07080.