

# Township of Clark

## Community Emergency Response Training

### Membership Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_ U.S. Citizen \_\_\_\_\_

Occupation \_\_\_\_\_ Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_ Normal Work Hours \_\_\_\_\_

\_\_\_\_\_ Work Phone # \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

Do you currently belong to any other organizations? If so please List;  
\_\_\_\_\_

Military Experience: \_\_\_\_\_

### Health Information: Any Health issues that may prevent you from participating in an incident?

Cardiac _____	Eye Sight _____	Other _____
Hypertension _____	Hearing Loss _____	_____
Stroke _____	Diabetes _____	_____

Special Skills: Please check any special skills or training you have had that could assist you or others in an emergency situation?

- Fire     
  EMT     
  CPR     
  Medical     
  Construction, etc.

Other \_\_\_\_\_ Other Languages Spoken \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Ever revoked: \_\_\_\_\_

Any points at present \_\_\_\_\_ If yes, explain charges \_\_\_\_\_

Since, at some point, I may be driving a Clark Township vehicle, I hereby give my consent for the Township of Clark to verify that I have a valid driver's license for insurance purposes. I understand that this will be done on an annual basis as long as I am an active member of the Clark CERT program. Initial: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Have you ever been convicted of a crime ? \_\_\_\_\_

If yes, explain charges \_\_\_\_\_

Due to liability considerations, the Township of Clark may require a criminal/background check of any applicant for the CERT program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please indicate if there are any weeknights that you may have other things planned and would not be available to attend the CERT classes. \_\_\_\_\_

Application can be returned to the Office of Emergency Management as follows:  
Email – [clarkoem@ourclark.com](mailto:clarkoem@ourclark.com)  
Fax – 732-388-0257  
Mail – 430 Westfield Ave. Clark, NJ 07066