



Township of Guttenberg Community Emergency Response Team

Civilian volunteer program serving the community of Guttenberg.
We train and prepare for large scale emergencies, disaster response, search and rescue, and assist with township events.
6808 Park Avenue, Guttenberg, NJ 07093 • (201) 868-3300



VOLUNTEER APPLICATION FORM

Directions: Please complete all questions on the form, sign, and return to the Guttenberg Police Department Dispatcher, or scan and email to recruitment@guttenbergcert.org. If you have any questions regarding filling out this form, please email recruitment@guttenbergcert.org

First Name: _____ Last Name: _____ Sex: ____ Age: ____

Address: _____ Floor / Apt / Suite #: _____

Email Address: _____ Mobile Phone: (____) ____ - _____

Work Phone: (____) ____ - _____, Ext. _____ Home Phone: (____) ____ - _____

Current Employer: _____ Profession / Title: _____

Have a valid driver's license? Yes No Driver's License Number: _____

Are you currently involved in other volunteer activities / civic organizations? Please list current and previous volunteer experience and dates: _____

Do you have training in any of the following? If yes, please provide additional information:

CPR/AED Training? Yes No If yes, CPR/AED Certification Expiration Date: _____

First Aid Training? Yes No If yes, First Aid Certification Expiration Date: _____

Previous CERT Training / Experience? Yes No Which CERT Team? _____

Any other special training certifications we should consider? _____



Do you have experience, licenses, and/or certifications in the following? If yes indicate status.

- Medicine License/Certification? Yes No
- Nursing License/Certification? Yes No
- EMR/EMT/Paramedic License/Certification? Yes No Department? _____
- Fire Fighter Still Active? Yes No Department? _____
- Law Enforcement Still Active? Yes No Department? _____
- Military Training Still Active? Yes No National Guard Reserve

If you served in the military, please indicate the service branch: _____

Please list any languages you speak, read or write in addition to English:

- _____ Speak Read Write
 - _____ Speak Read Write
 - _____ Speak Read Write
 - _____ Speak Read Write
-

Please list any additional special skills or interests: _____

Do you have any physical challenges which require accommodation? Yes No

If yes, please explain (this will not disqualify you): _____

Have you ever been convicted of a crime? Yes No

If yes, please explain: _____



Are you dependent upon the use of alcohol, any narcotic or controlled dangerous substance?

Yes No

If yes, please explain: _____

Have you ever been diagnosed or treated for mental disorder or mental illness? ? Yes No

If yes, please explain: _____

What is your availability to respond to a deployment or activation call?

Monday From: To: **Tuesday** From: To:

Wednesday From: To: **Thursday** From: To:

Friday From: To:

Saturday From: To: **Sunday** From: To:

Are you available outside of the above hours for large scale disaster emergencies? Yes No

Is there any additional information about yourself or your experience you wish us to consider?

Emergency Contact Information (Please provide an emergency contact we may contact if needed):

First Name: _____ Last Name: _____

Address: _____ Floor / Apt / Suite #: _____

Primary Phone: (____) ____ - _____ Alternate Phone: (____) ____ - _____

Relationship: _____

A BACKGROUND CHECK WILL BE CONDUCTED ON ALL APPLICATIONS. ALL VOLUNTEERS MUST BE AT LEAST EIGHTEEN (18) YEARS OF AGE. ALL VOLUNTEERS ARE ASKED TO COMMIT TO ONE YEAR OF SERVICE, AND MUST COMPLETE A TWENTY (20) HOUR TRAINING COURSE TO BE ON THE GUTTENBERG COMMUNITY EMERGENCY RESPONSE TEAM.

I certify that all answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentation by me will be sufficient cause for rejection of this application.

Signature: _____ Date: _____