



## CERT REGISTRATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DOB: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ BLOOD TYPE: \_\_\_\_\_

### SCHOOL/EMPLOYER

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_

NORMAL WORKING HOURS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

### SPECIAL SKILLS

EMT     CPR     FIRE     NURSE     OTHER \_\_\_\_\_

\_\_\_\_\_

LANGUAGES SPOKEN: \_\_\_\_\_

Once you have completed the registration form, please mail or fax it to:

**Meredith Martin**  
**Bergen County Office of Emergency Management**  
**285 Campgaw Road**  
**Mahwah, NJ 07430**  
Fax #: 201-785-8571 / Email: [martin@bcoem.org](mailto:martin@bcoem.org)