



OLD BRIDGE TOWNSHIP
COMMUNITY EMERGENCY RESPONSE TEAM
 APPLICATION
 WILLIAM A. VOLKERT
 CHIEF OF POLICE



First Name: _____ M.I.: _____ Last Name: _____

D.O.B.: _____ Social Security No.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Driver's License No.: _____

Are you a U.S. citizen? Yes No Have you ever been arrested: Yes No

If yes, explain (when, where...):

Why do you desire to participate in this program?

Do you have any special skills or experience such as firefighting or first aid training?

Please mail this form to:
 P.O. Patrick D'Onofrio, CERT Coordinator
 Old Bridge Twp. Police Department
 One Old Bridge Plaza
 Old Bridge, NJ 08857