



## HIGH BRIDGE COMMUNITY EMERGENCY RESPONSE TEAM

Borough of High Bridge  
97 West Main Street  
c/o CERT  
High Bridge, NJ 08829

Phone: 908-938-3390  
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### MEMBERSHIP APPLICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Int. \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Home Phone No.: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone No.: ( \_\_\_\_\_ ) \_\_\_\_\_

Work Phone No.: ( \_\_\_\_\_ ) \_\_\_\_\_

Email address: \_\_\_\_\_

#### Emergency Contact Information:

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Please list any current or previous affiliation with Fire, Rescue or Emergency Services (location, dates of membership): \_\_\_\_\_

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Do you permit High Bridge CERT to contact current or previous Emergency Services for a reference? Yes \_\_\_ No \_\_\_

Have you ever been convicted or entered a plea of guilty to a crime other than a motor vehicle violation? Yes \_\_\_ No \_\_\_

Please list two references (no relatives) we can contact if you have no previous affiliation to an emergency services department.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Do you permit High Bridge CERT to conduct a background check? Yes \_\_\_ No \_\_\_

I have to the best of my knowledge ability, answered all questions honestly and truthfully. I am aware that this organization can use any and all information I have listed for reference purposes and hereby give my consent to any investigation. I am also aware that any falsification or misrepresentation of any item in this application is grounds for dismissal and suspension as an applicant and/or member.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_