



Borough of Totowa

Office of Emergency Management
537 Totowa Road, Totowa, New Jersey 07512

Phone: (973) 956-8644
Fax: (973) 956-8159

Totowa CERT VOLUNTEER ENROLLMENT FORM

Date: _____

Last Name First Name Middle Initial

Address

City State Zip Code

Home Phone Work Phone Cell Phone

E-mail Address

Are you bi-lingual? Yes _____ No _____

If yes, what language:

Speak Read Write

Do you have a disability? Yes _____ No _____

If yes, list special accommodations needed:

EMERGENCY INFORMATION

In case of emergency, person to contact should be:

Name		Relationship	
Address		City	
State	Zip Code	Phone	

BACKGROUND INFORMATION

Date of Birth ____/____/____ Drivers License# _____ Exp _____

Have you ever been convicted of a crime other than minor traffic violations? Yes No

Are you currently awaiting trial, on probation or parole? Yes No

Name of current or most current Employer _____

Address	City	State	Zip
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Supervisor' Name _____ Supervisor's Phone _____

Dates: From _____ To _____ Reason for leaving _____

Personal Reference _____

Name		Relationship		
Address	City	State	Zip	Phone

Statistical Information (Optional)

Age Group: 18-39 40-69 70+

Sex: Female Male

Ethnic Group: African-American Hispanic Native American
 Caucasian Asian Other _____

I declare under penalty of perjury that all statements on this enrollment form and attachments are true and complete to the best of my knowledge. I understand that false, misleading, or incomplete information shall be cause for disqualification.

Volunteer Signature _____ Date _____