

# BEACHWOOD BOROUGH



Office of Emergency Management  
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## CERT APPLICATION

Name: \_\_\_\_\_  
Last First Middle

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

City/State/Zip Code: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Occupation \_\_\_\_\_

Have you ever completed a Basic First Aid course? \_\_\_\_\_ CPR Course \_\_\_\_\_

Do you have any disaster-related training or experience? \_\_\_\_\_ If yes please describe: \_\_\_\_\_

Are you available to attend all nine (9) classes to obtain a FEMA certificate of participation? \_\_\_\_\_

Are you able to perform the essential requirements of this program with or without special accommodation? \_\_\_\_\_

Person to notify in case of emergency: \_\_\_\_\_

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

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

### Enroll me in next available CERT Training:

Next Available \_\_\_\_\_

Future class \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature