



Rockaway Township Police Department  
 65 Mount Hope Road  
 Rockaway, New Jersey 07866  
 Main – (973) 625-4000 Fax – (973) 586-0047  
**CERT Membership Application**



**Form must be completed in its entirety in order to be accepted as a member of the Rockaway Township CERT Team.**

Personal Data			
Name: (last, First, Middle)		Current Address:	
City:	State:	Zip:	
Home Phone Number:		Mobile Phone Number:	
Email Address:			
Emergency Contact:			
DOB:	Sex:	DL#:	State:
Place of Business:			
Title or Job Description (if applicable):			

This program **does** include physical activity. Do you require any special accommodations to participate in this program?  
 No      Yes – Explain -

**I understand a background check will be conducted on all applicants. I authorize a background check on me based on the information provided on this application. I give permission for any still photography or video footage in which I may appear to be used for whatever purpose deemed appropriate.**

**I do this voluntarily and with the understanding there is no remuneration. All information on the above application is true and accurate.**

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

**Please Return Completed Application to:**

**Rockaway Township OEM**  
**65 Mt. Hope Road.**  
**Lower Level**  
**Rockaway, NJ 07866**