

PLAINSBORO TWP. C.E.R.T. COMMUNITY EMERGENCY RESPONSE TEAMS

Date: _____

Class: _____

Last Name First Name Middle Initial

Address

City State Zip Code

Employer/ Address:

() _____ () _____
Home Phone Work Phone

() _____
Cell Phone Driver's License # State

Email Address:

Are you bi-lingual? Yes No

If yes, what language: _____

Speak / Dialect Read Write

Computer Skills: Very Knowledgeable Moderately Knowledgeable No Knowledge

Education/Profession:

Transportation: Do you own a 4-wheel drive vehicle? Yes No

Can you transport others: Yes No

Special skills, interests:

Longer-term CERT Plan: What would you like to do as a CERT Volunteer? _____

Level of Involvement: Achieve Basic Certification Continue Training

Questions about the Plainsboro Twp. CERT Program? _____