



CERT REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

EMAIL: _____

DOB: _____ SOCIAL SECURITY # _____ BLOOD TYPE: _____

SCHOOL/EMPLOYER

NAME: _____

ADDRESS: _____

IMMEDIATE SUPERVISOR: _____

NORMAL WORKING HOURS: _____ TELEPHONE: _____

SPECIAL SKILLS

EMT CPR FIRE NURSE OTHER _____

LANGUAGES SPOKEN: _____

Once you have completed the registration form, please mail or fax it to:

Erik Boettcher
Paramus CERT Coordinator
paramuscert@gmail.com
201-835-8232