



ALLENDALE CERT REGISTRATION FORM Fall 2007

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Work phone: _____

Cell phone: _____ E-mail: _____

Date of birth: _____

School/Employer

Name: _____

Address: _____

Supervisor: _____

Normal working hours: _____ Telephone: _____

Special skills

EMT _____ CPR _____ Fire _____ Nurse _____ Other _____

Languages spoken: _____

Once you have completed the registration form, you can drop it off at the Clerk's Office in Allendale Borough Hall or mail to: **Borough of Allendale**

Attn: Nadine Benoit-CERT Coordinator

500 West Crescent Ave.

Allendale, NJ 07401

Thank you for your interest in becoming a CERT member.