



## Office of Emergency Management

405 Breakwater Road  
Erma, New Jersey 08204  
(609)886-1619 ext. 133

C.E.R.T. Application

R.A.C.E.S Application

### **PLEASE READ CAREFULLY BEFORE COMPLETING THIS APPLICATION**

Applicants must be a current Lower Township resident and at least 18 years of age. As for the benefit of public trust, all applicants will be subject to a background check prior to being accepted into an emergency volunteer program. Prior to completing the application, please review the information below and understand that applicants may be denied membership to an emergency volunteer program for one or more of the following reasons:

- Submitting an application that is incomplete or untruthful;
- Applicant has prior criminal conviction(s);
- Applicant has multiple or recent DWI conviction(s);
- Applicant has a driver's license which is currently suspended;
- Applicant has current outstanding warrants; and or
- For other just cause which would discredit the quality of the emergency volunteer program.

**Please complete legibly:**

Last Name:	First Name:	Middle Name:
Social Security #:	Date of Birth:	Gender:
Drivers License Number:		
Home Address:		
City:	State:	Zip Code:
Home Phone #:	Cell #:	Email Address:
Occupation:	Employer:	
Work Address:		Work Phone #:

**Back Ground Information:**

Emergency Contact Person:	Phone #:	
Home Address:	City:	State:
List or attach degrees / certifications which you feel may be beneficial to program: (Use reverse side if necessary)		

Please answer yes or no to all questions. Failure to do so may result in your application being denied. If you answer yes to any question, please submit an explanation with the application.

1. Have you ever been arrested before? \_\_\_\_\_
2. Do you have a prior criminal conviction? \_\_\_\_\_
3. Do you have any prior domestic violence convictions? \_\_\_\_\_
4. Do you have any criminal charges pending in court? \_\_\_\_\_
5. Do you have any motor vehicle charges pending in court? \_\_\_\_\_
6. Do you have any prior DWI convictions? \_\_\_\_\_
7. Do you have a currently valid driver's license? \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize, the Lower Township Police Department to obtain my educational background, references, driving record, police records to include; criminal history, employment and volunteer history for the purpose of obtaining clearance for membership with the Lower Township OEM emergency responder volunteer group as indicated. I further give permission to the Lower Township Police Department to release their findings to the Lower Township Office of Emergency Management.

I do hereby hold the Lower Township Police Department, the Lower Township Office of Emergency Management and the Township of Lower from any liability, whether civil or criminal, that may arise as a result of the release of this information about me. I further hold harmless any individual, agency, business, or corporation that provides information or documents to the Lower Township Police Department. I understand that the Lower Township Police department will use this information as part of its verification of my volunteer application and periodically for evaluation purposes.

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

- *Submit completed application with color photo of yourself to the address provided.*

**For Official Use Only**

<input type="checkbox"/> Application Approved:	<input type="checkbox"/> Application Denied:
Reason for Denial:	
_____	
_____	
_____	
Authorizing Signature: _____	Date: _____