



TOWNSHIP OF WASHINGTON POLICE DEPARTMENT

OFFICE OF EMERGENCY MANAGEMENT

350 HUDSON AVENUE

TOWNSHIP OF WASHINGTON, NJ 07676

Headquarters: (201) 664-1140

Fax: (201) 664-2959

E-mail: oem@twpofwashington.us www.washtwppolice.org



Glenn Hooper
Chief of Police

William J. Cicchetti
Director

COMMUNITY EMERGENCY RESPONSE TEAM APPLICATION (CERT)

NAME:

STREET ADDRESS:

MUNICIPALITY:

ZIP CODE:

HOME PHONE: WORK PHONE:

CELLULAR:

DATE OF BIRTH:

(MUST BE AT LEAST 18 YEARS OLD)

EMAIL:

DRIVERS LICENSE NUMBER & STATE: SSN:

SIGNATURE:

DATE:

Mail completed applications to: Township of Washington Police Department
350 Hudson Ave.
Township of Washington, New Jersey 07676
Attn: Cpl. Saverio V. Fasciano / 0119

Fax completed applications to: (201) 664-2959

Email completed applications to: oem@twpofwashington.us

Call with any questions: (201) 664-1140 ext. 125

Applicants will be notified of training dates, times and location.

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All applicants are subject to a driver's history check, criminal history background check and fingerprinting. Driver's history check, criminal history background check and fingerprinting will be conducted by the Township of Washington Police Department.

I hereby authorize the Township of Washington Police Department to conduct a driver's history check, a complete criminal history check and fingerprinting, in order to be qualified for a position within the Township of Washington, NJ 07676.

I hereby declare the information provided by me in this application for a position within the Township of Washington CERT program is true, correct and complete to the best of my knowledge. I understand that it is at the complete discretion of the Township of Washington Police Department to reject my application for any reason they deem just without explanation. Upon acceptance to the Township of Washington CERT program I understand I will be required to uphold the "Standards of Conduct" for Township of Washington CERT Members as set forth by the Township of Washington Police Department and I will be required to sign for same.

Please include with your application a photocopy of a valid government issued form of photographic identification (New Jersey Drivers License, United States Passport, etc..).

SIGNATURE:DATE:



Glenn Hooper
Chief of Police

TOWNSHIP OF WASHINGTON POLICE DEPARTMENT OF PUBLIC SAFETY

350 Hudson Avenue, Township of Washington County of Bergen - New Jersey 07676 www.washtwppolice.org



Headquarters

(201) 664-1140
Fax (201) 664-2959 e-mail:
wtpolice@Barroll.com

Township of Washington C.E.R.T. Standards of Conduct

The Township of Washington Community Emergency Response Team is a volunteer organization that is run under the supervision of the Chief of Police for the Township of Washington Police Department, the Chief's designee and the Emergency Management Coordinator. In order to be a member in good standing and maintain membership in the Township of Washington C.E.R.T. team, all members must agree to the Standards of Conduct listed below. Failure to maintain the C.E.R.T. Standards of conduct will be cause for termination from the C.E.R.T.

Standards of Conduct

- Must be of sound mind and in good health
 - Must maintain the highest standards of integrity and honesty
 - Must abide by the law
 - Must not engage in misconduct
 - Must never knowingly do harm
 - Must exercise confidentiality and discretion
 - Must respect the rights of all persons ➤
- Must be courteous and civil

Signature of C.E.R.T. Team Member:

Print Name: _____

Date: ___ / ___ / ___