

PRINCETON REGIONAL COMMUNITY EMERGENCY RESPONSE TEAM
REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ HOME #: _____ WORK #: _____

CELL #: _____ DOB: _____

E-MAIL: _____

SCHOOL/EMPLOYER: _____

ADDRESS: _____

IMMEDIATE SUPERVISOR: _____ PHONE #: _____

NORMAL WORKING HOURS / DAYS: _____

SPECIAL SKILLS:

EMT CPR FIRE NURSE PHYSICIAN

OTHER _____

LANGUAGES SPOKEN: _____

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

Randy Carter, REHS
Princeton Regional Health Department
1 Monument Dr., PO Box 390
Princeton, NJ 08542
Office # (609) 497-7608 Fax # (609) 924-7627

You will be contacted by the Princeton Regional Health Department on the training dates for the C.E.R.T. Program. Thank you for your interest in becoming a C.E.R.T. member.