



**Borough of Bound Brook**  
**OFFICE OF EMERGENCY MANAGEMENT**

230 Hamilton St. Bound Brook, NJ 08805

www.boundbrookcoem.org

**APPLICATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE# (H) \_\_\_\_\_ (C) \_\_\_\_\_

EMAIL \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

DL# \_\_\_\_\_

DO YOU HAVE EXPERIENCE IN ANY OF THESE AREAS? (PLEASE CIRCLE ALL THAT APPLY)

VOLUNTEERISM Y N IF YES, WHICH ORGANIZATION \_\_\_\_\_

SPEAKING SKILLS Y N

MULTILINGUAL Y N IF YES, WICH LANGUAGES \_\_\_\_\_

COMMUNICATION SKILLS Y N

EMERGENCY CONTACT PERSON: \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_

BOROUGH POLICY REQUIRES A BACKGROUND CHECK TO BE COMPLETED PRIOR TO ORGANIZATION ACCEPTANCE. BY SIGNING BELOW, YOU ACKNOWLEDGE THE ABOVE AND AGREE THAT YOUR MEMBERSHIP ACCEPTANCE WILL BE BASED UPON SUCCESSFULLY CLEARING THE BACKGROUND CHECK.

BACKGROUND CHECK IS PERFORMED BY THE BOUND BROOK POLICE DEPARTMENT.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_