

	Sample Membership Application
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**Grand Island-Hall County
Community Emergency Response
Team (CERT)
Membership Application**



Return to:

Grand Island-Hall County Emergency Management

CERT Program

100 East 1st Street

Grand Island, NE 68801

Name: _____
Last First MI

Address: _____

City/State/Zip: _____

Work Address: _____

Are you currently employed? If so, how? _____

Your Home Phone: _____ Work Phone: _____

Cellular Phone: _____ Pager: _____

Do you have an alternate way of contacting you? (i.e., fax, email):

Date of Birth: _____ Legal adult ? ☐ Yes ☐ No

Do you have any physical or medical conditions that might affect your participation in some of the activities of this program? Please explain:

Personal References:

Name	Complete Address	Phone	Relationship

CERT Basic Training

Completion Date: _____ Location: _____

Sponsoring Organization: _____

INTENT/AUTHORIZATION TO OBTAIN BACKGROUND REPORT FOR CERT VOLUNTEERING

NOTICE

The City of Grand Island conducts applicant screening and criminal background efforts that include an investigative report, which may include inquiries into an applicant's character, general reputation, personal characteristics, and mode of living. The report may involve personal interviews with employers and educational institutions. Additionally, a criminal and civil records history, driver history, educational verification, and work history may be ordered. A volunteer has the right to request a complete and accurate disclosure of the nature and scope of the investigative report requested. Your request must be made in writing within a reasonable amount of time from the receipt of this notice. You also may have additional rights according to state and local laws.

AUTHORIZATION

I hereby certify that I have been informed as to the duties of the volunteer position for which I am applying. Furthermore, I certify that the information I have thus far provided to the City of Grand Island is accurate and complete, to the best of my knowledge. I understand that falsification, misrepresentation or omission of any material or information I have supplied may be used to disqualify me from CERT membership. I understand that the City of Grand Island will verify information given on applications, and I authorize it to do so. I also authorize the City of Grand Island and/or its agents, to make whatever inquiries it considers appropriate in order to obtain this verification. I authorize any individuals and/or agencies contacted by the City of Grand Island or its agents to furnish all necessary information that may be requested, including consumer credit and/or investigative consumer reports. I release the City of Grand Island, its agents and any person or institution that provides the City of Grand Island with information pertaining to this application, from any and all liability for adverse action or damage that may result from the investigation, disclosure, or use of such information. This authorization shall remain in effect during the course of participation in CERT and may be used in connection with future decisions concerning my involvement in CERT.

I have read and understand the above notice and I hereby authorize the obtaining and disclosure of such information.

Applicant's Printed Name: _____ DOB: _____

Applicant's Signature: _____ Date: _____

NOTE: AN ARREST MAY NOT AUTOMATICALLY PROHIBIT ACCEPTANCE INTO A VOLUNTEER POSITION.

Arrest Information

Have you ever been arrested, charged, "questioned as an accused party", or convicted of a felony or misdemeanor, including court martial and military charges? (Omit traffic violations).

Yes ____ No ____ If yes, complete the following.

Police Agency

<u>Crime Charged</u>	<u>City & State</u>	<u>Date</u>	<u>Disposition of Case</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If conviction, what was the nature of your offense(s)?

Date of convictions(s) _____

Are you on Probation/Parole? Yes _____ No _____

Current status of conviction(s) _____

Have you ever been incarcerated in a correctional/detention facility?

1. If yes, give facility name and location. _____
2. Date and length of incarceration. _____
3. Date of release and current status. _____

Signatures

I understand that by volunteering with the CERT organization that I will learn certain basic skills that are intended to help me render assistance to others only when I deem it safe and necessary for me to do so. I am under no obligation, by virtue of having received this training, to render aid or become involved in any activities that would make me feel uncomfortable or have the potential to cause me physical or emotional injury.

I recognize the fact that I will receive a "Certificate of Completion" only upon attending all sessions of this course and completing the final exam and exercise. I understand that any and all equipment issued to me by the Emergency Management Department is property of the City of Grand Island and that I am expected to return it in good condition if I leave the program or area.

By this signature I affirm that I understand that when acting as a CERT volunteer I may only:

1. Act in the scope of my official duties, and
2. Act in furtherance of a public purpose.

I understand that my deviation from the above may result in personal liability. I have also read and agreed to sign the attached Informed Consent form.

Signature

Printed Name

INFORMED CONSENT, WAIVER AND RELEASE AGREEMENT

FOR THE HALL COUNTY/GRAND ISLAND CITY COMMUNITY EMERGENCY RESPONSE TEAM

The undersigned, being at least eighteen years of age, and in consideration for acceptance, approval and participation in the Community Emergency Response Team (CERT) Program, sponsored by Hall County, hereinafter referred to as "County" and Grand Island City, a home rule municipality organized under the laws of the State of Nebraska, hereinafter referred to as "City", do hereby agree to this waiver and release.

I recognize that the Community Emergency Response Team (CERT) Program will involve physical labor and may carry a risk of personal injury. I further recognize that there are natural and manmade hazards, environmental conditions, diseases, and other risks, which in combination with my actions can cause injury to me. I hereby agree to assume all risks which may be associated with or may result from my participation in the program, including, but not limited to, transportation to and from volunteer sites, extinguishing small fires, providing disaster medical care, (e.g. controlling bleeding, treating shock, treating sprains and fractures, opening airways, transporting patients, etc.) performing light search and rescue activities (e.g. cribbing and leveraging, victim extrication transportation, etc.) and other similar activities.

I recognize that these program activities will involve physical activity and may cause physical and emotional discomfort. I state that I am free from any known heart, or other serious health problems that could prevent me from participating in any of the activities associated with this program. I further state that I am sufficiently physically fit to participate in the activities of this program.

I certify that I have medical insurance to cover the cost of any emergency or other medical care that I may receive for an illness or injury. I certify that if I do not have medical insurance, I will be personally responsible for the cost of any emergency or other medical care. I agree to hold harmless Hall County and the City of Grand Island, their agencies, departments, officers, employees, agents, and all sponsors and/or officials and staff of any said entity or person, their representatives, agents, affiliates, directors, servants, volunteers, and employees from the cost of any medical care that I receive while participating in this program or as a result of it.

I further agree to release Hall County and the City of Grand Island, their agencies, departments, officers, employees, agents, (entity and persons as appropriate) and all sponsors and/or officials and staff of any said entity or person, their representatives, agents, affiliates, directors, servants, volunteers and employees from any and all liability, claims, demands, actions, and causes of actions whatsoever for any loss claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of any and all activities associated with the aforementioned activities.

I further agree to hold harmless, and hereby release the above mentioned entities and persons from all liability, negligence, or breach of warranty associated with injuries or damages from any claim by me, my family, estate, heirs, or assigns from or in any way connected with the aforementioned activities.

CONSENT

Consent is expressly given, in the event of injury, for any emergency medical aid, anesthesia, and/or operation, if in the opinion of the attending physician, such treatment is necessary.

I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THE FOREGOING LANGUAGE AND I SPECIFICALLY INTEND IT TO COVER ANY PARTICIPATION IN THE COMMUNITY EMERGENCY RESPONSE TEAM PROGRAM SPONSORED BY HALL COUNTY AND GRAND ISLAND.

Name: _____ Signature: _____ Date: _____

Witness: _____ Witness Signature _____