

COLUMBIA COUNTY
Community Emergency Response Team

Date: _____

Name:

_____ Last First Middle

Date of Birth: _____ Social Security #: _____

Physical Address: _____

City: _____ Zip _____

Mailing address (if different): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager Number: _____

E-Mail Address: _____

If applicable, Name of Sub Division: _____

Occupation: _____ Employer: _____

Are you a member of a Neighborhood Crime Watch, Home-owner's Association, or any other organization/club, please indicate the name of the group and it's President:

Do you have physical or medical condition that might affect your participation in some of the exercises used in this course? If so, please explain:

How long have you lived in Florida? _____

How long have you lived in Columbia County? _____

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Have you ever:

Been in the Military? _____

Taken an extended camping trip? _____ If yes, how long? _____

Witnessed a serious injury and/or death? _____

Do you have any disaster related training or experience? If yes, please explain: _____

Have you ever received training in (check any that apply):

First Aid CPR EMT LPN Paramedic LPN RN

Other Medical: _____

| | | |
|--|--|---|
| <input type="checkbox"/> Damage Assessment | <input type="checkbox"/> Incident Command | <input type="checkbox"/> Communications/Ham Radio |
| <input type="checkbox"/> Team Building | <input type="checkbox"/> Fire Suppression | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Search & Rescue | <input type="checkbox"/> Shelter Managing | <input type="checkbox"/> Hazardous Materials |
| <input type="checkbox"/> Weather Emergencies | <input type="checkbox"/> Disaster Preparedness | <input type="checkbox"/> Psychological First Aid |
| <input type="checkbox"/> Wilderness Survival | <input type="checkbox"/> Organization | <input type="checkbox"/> Documentation/Record Keeping |

The best time for me to attend class is: Evenings Weekends Anytime

Monday Tuesday Wednesday Thursday Friday Saturday

Have you ever been convicted of a Felony: Yes No

If yes, please explain:

Authorization to do a complete criminal background investigation:

Signature of Applicant

Date

COLUMBIA COUNTY
Community Emergency Response Team

I, _____ having completed the Community Emergency Response Team (CERT) training, understand that as a member of CERT my role is limited to those actions indicated in response to a bona fide emergency and as specified in my training while attending the Columbia County CERT program. I understand that I am responsible for all equipment that is issued to me, and that the equipment is the property of Columbia County.

I further understand that if I leave the CERT program that I will be responsible for properly returning all issued equipment in good working condition, excluding normal, reasonable wear.

I recognize that as a member of CERT, **I DO NOT** have the authority, power, or legal rights of action of Florida - Certified Law Enforcement Officers or Fire Fighters.

I understand that as a CERT member, my responsibilities are to myself, my family, my neighbors, and then to the surrounding neighborhood.

I will proceed as directed by my CERT leader and Official Emergency Representatives.

Signature of Applicant

Date

Printed Name of Applicant

CERT Representative

COLUMBIA COUNTY
Community Emergency Response Team

I understand that by completing this course 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 completing all eight modules of the course.

I understand that any and all equipment issued to me is the property of my perspective county in which I live 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 Columbia County CERT volunteer I may only:

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

I understand that deviation from the above may result in personal liability

Signature of Applicant

Date

Printed Name of Applicant

COLUMBIA COUNTY
Community Emergency Response Team

This Release, Hold Harmless and Indemnification Agreement is voluntary given and executed by:

_____ hereinafter referred to as

“_____”. In consideration of Columbia County and it’s Municipalities to provide “Community Emergency Response Team” (CERT) training.

In return “_____” hereby releases, agrees and promises to hold harmless and indemnify all counties served, it’s Municipalities, Officers, Employee’s, Agent’s, or Servants from and against any and all liability, claims, demands, damages, fines, penalties, expenses, fees, suites, proceedings, actions, and cost of actions, including attorney’s fees for trial and/or appeal, of any kind of nature arising or omission of all counties served, it’s Municipalities and their Officer’s, Employee’s, Agent’s, or Servant’s; arising or growing out of or in any way connected, directly or indirectly, as a result of the CERT training as stated above.

Dated this _____ day of _____, 20____ at Columbia County, Florida

Signature of Applicant

Printed Name of Applicant

STATE OF: FLORIDA
COUNTY OF: COLUMBIA

The foregoing instrument was acknowledged before me on: _____ by

_____ who is personally known to me, or has produced

_____ as identification.

Signature of Notary Public