



Wood County Community Emergency Response Team

Application for Membership

(Complete both sides of this form)

Return completed application to:
Rick Sawyer, CERT Director
2600 Unity Place Apt 507
Parkersburg WV 26101-7162
(304) 481-3398

Name: _____
(PRINT CAREFULLY) Last Name First Name Middle Name or Initial

Street Address City State Zip Code
() - () x () - Can you receive text Messages?
Home Phone Work Phone Cell Phone Yes No

Email Address: _____

Do you have any physical limitations? Yes No If yes, list special accommodations needed (we will make every reasonable effort to accommodate special needs and to assign appropriate responsibilities):

Current Certificates and Licenses

Certificate/License	Expiration Date	Certificate/License	Expiration Date
<input type="checkbox"/> First Aid, Standard	_____	<input type="checkbox"/> CPR	_____
<input type="checkbox"/> First Aid, Intermediate	_____	<input type="checkbox"/> AED	_____
<input type="checkbox"/> First Aid, Advanced	_____	<input type="checkbox"/> EMT*	_____
<input type="checkbox"/> First Aid, First Responder	_____	<input type="checkbox"/> Paramedic*	_____
<input type="checkbox"/> First Aid, Mass Casualty/Triage	_____	<input type="checkbox"/> Firefighter*	_____
<input type="checkbox"/> First Aid, Psychological	_____	<input type="checkbox"/> RN/LPN (circle one)*	_____
<input type="checkbox"/> Food Handler	_____	<input type="checkbox"/> PA/MD/DO/DVM* (circle)	_____

Amateur Radio Call Sign/Class: _____ / _____ ARES RACES SkyWarn

ICS/FEMA/DHS Training: 100 200 700 800 300 400 G108 G110 COML

Other emergency response training and experience: _____

Have you ever been convicted of a felony or other violent crime? No Yes If yes, please explain:

I have not completed CERT Basic Training
If you have not completed the training, you will be notified of our next scheduled class.

I completed CERT Basic Training on ____/____/____
(Attach a copy of your Certificate of Completion)

Preferred level of participation: I have read the "Wood County CERT Philosophy" and, understanding that I can change this option at any time without prejudice, I would like to *initially* participate at:

- Level 1: Primary Response Team (First Call) Level 2: Secondary Response Team (Second Call)
 Level 3: Auxiliary Responder (Third Call) Level 4: Non-Responder (No Call)

*Please note the limitations on licensed individuals on the back of the page.

Wood County Community Emergency Response Team

Application for Membership

I hereby apply to participate as an *unpaid volunteer* in the Wood County Community Emergency Response Team (CERT) program. As a volunteer, I understand that by definition I am not covered by state and federal wage and hour laws and understand that my services are completely voluntary and that no compensation or other considerations, present or future, will be given for my service. *I further understand that my personal and family responsibilities always take precedence over any CERT activities, and that all activities of the CERT program are totally voluntary, and that my participation is never required.*

I understand that participation in this program and all of its training will involve active physical participation, which includes a potential risk of personal injury and/or personal property damage. I make this request with full knowledge of the possibility of personal injury and/or personal property damage. ***I further understand that I am not covered by any form of insurance, neither liability nor personal injury/death insurance while participating in CERT activities.*** Further, I have read and understand the program outline that describes the *CERT Basic Training* class sessions and other activities associated with the CERT program. I also understand that there are additional training requirements which change from time to time, and that I will not be allowed to participate in any emergency situation for which I have not completed the required training.

I understand that in the course of my CERT duties I may be seeing my friends, neighbors, and members of my community during the very worst events of their life, and that I may be exposed to personal, medical, and/or law enforcement sensitive information, and I hereby agree that I will not divulge any such information to any other person without the express permission of the CERT Director.

I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify, and hold forever harmless Wood County CERT, its officers, the coordinating agency(ies), county and local governments, State of West Virginia, the organizers, sponsors, and supervisors of all disaster preparedness, response, and recovery activities from all liability for any and all risk of damage, bodily injury, or death that may occur to me (including any injury caused by negligence), in connection with any volunteer disaster effort or training in which I participate. I likewise hold harmless from liability any person transporting me to or from any disaster relief or training activity. In addition, CERT and/or disaster relief officials have permission to utilize any photographs or videos taken of me for publicity or training purposes. I will abide by all safety instructions and information provided to me, both during training and actual disaster relief efforts. Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the State of West Virginia, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Except as indicated on the other side of this form, I have no known physical or mental condition that would impair my capability to participate fully, as intended or expected of me. *It is my responsibility to refuse any training or assignment I consider unsafe.*

I certify that, except as noted on the other side of this form, I have never been convicted of any felony, sexual offense, or crime of theft or violence, and that I am not a member of any organization that advocates the violent overthrow of the government. ***I further agree to submit to a routine background check.***

Under penalty of perjury, I certify that all the statements on both sides of this form are true and correct to the best of my knowledge and belief, and I accept full personal responsibility and liability for any errors, omissions, or misrepresentations. I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own free act.

Signature: _____

Date: _____

Guardian, if under 18: _____

Date: _____

LIMITATIONS ON LICENSED/CERTIFIED INDIVIDUALS: *Individuals with current licenses or certification are encouraged to participate in the CERT program as trainers, supervisors, or advisors. However, currently-active first responders and those with any level of medical license are not permitted to serve as CERT responders for two reasons. First, in the event of a disaster in which CERT would be activated, their immediate responsibility will be to respond with their own agency. Second, the extremely limited functions that CERT members are permitted to perform will put licensed or certified responders in direct conflict with the requirements of their license or certification.*

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FOR CERT USE ONLY BELOW THIS LINE

Applicant's identity and credentials were recorded as presented. Identity verified by:

- | | |
|--|--|
| <input type="checkbox"/> State Driver's License or ID Card | <input type="checkbox"/> Other Photo ID: _____ |
| <input type="checkbox"/> Other Government-Issued ID Card | ID Number: _____ |
| <input type="checkbox"/> WVREDI ID Card | <input type="checkbox"/> Issued or <input type="checkbox"/> Expires Date ___/___/___ |

I certify that I witnessed the above signature(s) (or initials) that were signed (or initialed) in my presence, and that I confirmed the identity of the above-named volunteer by examining a photo identification card as indicated above.

Processed by: _____

PRINTED NAME	SIGNATURE	DATE
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