

Dear Applicant,

I would like to take this opportunity to thank you for your interest in the

Community Emergency Response Team. The CERT Program is sponsored

by Randolph County Emergency Management.

Randolph County C.E.R.T. is NOT in any way a government organization, NOR are we affiliated with one.

 I thank you for your willingness to give up your valuable time to participate in the program.

This program was designed to provide citizens with basic information about

what to do in the first hours of an emergency. The ultimate objective is to

establish and maintain an active CERT Program within our community

through training and education.

After completion of this program, I hope you will use the information to help

educate both your immediate family and friends within your neighborhoods

and schools, concerning emergency preparedness. Your application for

admission to the Community Emergency Response Team demonstrates

your commitment to your community.

As C.E.R.T. members you will be expected to complete a 2 hour online class A.S.A.P

until the larger 21 hour hands on course is offered.

All training and meetings will be posted in our event tab as well as emailed to all members.

You will be expected to attend as many meetings and training as possible.

If you have any questions contact Randolph County C.E.R.T. at (336-799-0383).

Again, thank you for your interest in the Randolph County C.E.R.T. (Community Emergency Response Team) program.

***APPLICATION FOR ENROLLMENT***

1. Please fill out the CERT application in its entirety.

2. Prospective candidates must be at least 14 years of age at the time of

registration and be a resident of the State of North Carolina.

3. A local check will be conducted to determine the background of the

participants. The board of directors has final approval of all applicants and

reserves the right to deny entry to any applicant. Accepted applicants will be

notified by email and/or phone.

4. The CERT program is free of charge to all members.

5. Dress code for class is casual, but please wear comfortable clothes that can

get dirty or damaged and closed-toe shoes. Use common sense in your clothing

attire (no short-shorts, halter or low-cut tops, midriff shirts, sandals, flip-flops, etc.)

6. ID badge Must be worn to class, Trainings, and meetings so that you can be identified as a

participant in the program.

As well as any and all deployments.

7. Attendance to each session is critical to fully benefit from participation in the

program. Please make every effort to attend each training session.

If you will be unable to attend any of the sessions, please notify a C.E.R.T. Team Leader:

Phone: (336) 799-0383

8. Bottled water will be provided at each session, and you are welcome to bring a light

snack.

9. No individual will be allowed to attend a training session if they behave in

a disruptive or disrespectful manner. Under these circumstances, the

misbehaving individual will be asked to leave the class.

10. Please contact Randolph County C.E.R.T. at (336) 799-0383 for any additional

information.

***APPLICATION FOR ENROLLMENT***

***Personal Information:***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (for minors)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name/Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_ /\_\_\_\_/\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_Asheboro\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please provide street address; P.O. Box not acceptable)

Cell Phone Number:(\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian phone number:(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ @ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email: (If under 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ @ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth: Where are you attending school?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you speak a language other than English?  YES  NO

If YES, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you committed to attending all of the scheduled classes?  Yes  No

***Medical Information***

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicine \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (insect bites, grass, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you carry medicine for allergies?  YES  NO

If YES, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there any physical (such as arm/back/leg injuries) or medical condition

(such as asthma, high/low blood sugar, bleeding disorders, seizures, balance

issues/vertigo, etc.) that limits your physical activity or that your CERT

Instructors need to know in case you need medical assistance? X YES  NO

If YES, please specify: Diabetic\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you carry medicine for this medical condition?  YES  NO

If YES, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\* If you carry rescue medication, such as an inhaler or Epi-pen, please make sure it

is readily accessible to you and inform a Randolph County CERT you have such medication so

we can assist you in the event you need to use it.\*\*\*

Randolph County C.E.R.T. will make reasonable efforts to assure all persons have access

to any programs and services. If a disability requires special needs accommodations

EMERGENCY CONTACT FORM.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers:

Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that the information contained in this application is true and correct to

the best of my knowledge. Randolph County C.E.R.T. is authorized to conduct any

investigation of my personal history information that is deemed necessary for

consideration to participate or continued participation in the Community Emergency

Response Team Program.

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***WAIVER OF LIABILITY***

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have made a voluntary request on my own initiative to participate in the Community Emergency Response Team (CERT)

Now, therefore in consideration of Randolph County C.E.R.T. allowing me to participate in

the CERT program and in consideration of Randolph County C.E.R.T. permitting me the

use of its facilities, the validity, sufficiency, and receipt of which consideration is

acknowledged, I do hereby, for myself, my heirs, executors, and administrators,

remise, release and forever discharge Randolph County C.E.R.T., its employees, officers,

commissioned staff, representatives, instructors, Board of Directors, Training

Committee Members, affiliates, and agents, acting officially or otherwise (hereinafter

referred to as Randolph County C.E.R.T. and Randolph County Emergency Management)

from any and all claims, actions, demands, or causes of action, on

account of my death or on account of my personal injury or damage to my personal

property which may occur, regardless of whether or not said harm or injury occurs

through the negligence, misfeasance, or malfeasance on the part of R.C.C.E.R.T., or whether

said harm or damage occurs through acts of a person not employed by RCCERT.

I ACKNOWLEDGE that I understand that CERT training will involve active

physical participation, which includes a potential risk of personal injury and/or personal

property damage; and that I make the request to participate in the program with full knowledge of these risks.

 I ASSUME THE RISK of all injuries that may occur because of my participation in the C.E.R.T. program.

I ACKNOWLEDGE that my participation in the CERT program and any continued

educational training is strictly voluntary and does not grant employment rights,

employee benefits, or a vested/liberty interest as an employee with Randolph County C.E.R.T nor Randolph County Emergency Management.

I ACKNOWLEDGE that my participation in the CERT program, and any continued

disaster educational training may cause me to view possibly graphic and/or hazardous

emergency photographs or scenes.

I ACKNOWLEDGE and AGREE to exercise reasonable care while participating in any

of the Community Emergency Response Training program. I further acknowledge

that I am solely responsible for any medical or other expenses resulting from accidents,

injuries, or illnesses that I may incur or be exposed to because of my participation with

the Community Emergency Response Team.

***WAIVER OF LIABILITY***

 I AGREE to abide by all instructions given to me by the Randolph County C.E.R.T. and/or Randolph County Emergency Management personnel and other instructors and safety officers while participating in the Community Emergency Response Team and I UNDERSTAND if I fail to follow the instructor’s rules/regulation, or if I fail to exercise reasonable care, I can be administratively removed from the program.

While participating in any Community Emergency Response Team operations, I may

gain access to information or documents of a sensitive nature, and/or information

deemed confidential by Randolph C.E.R.T., Randolph County E.M.,

or other entities. I agree that I will not release ANY information, items obtained

by me, or sensitive materials that I may become privy to in the course of my

participation in the program.

While participating in the Community Emergency Response Team, I agree to

advise the program coordinator, immediately, of any interaction I may have

with any law enforcement official involving a criminal investigation against me

or my arrest.

I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS Randolph County Emergency

Management and/or Randolph County C.E.R.T. from and against any and all liability, loss,

cost or expense (including attorneys’ fees) arising from or in any manner connected

with being permitted to participate in the Community Emergency Response Team

program.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND BY SIGNING IT I

VOLUNTARILY INTEND TO RELEASE AND INDEMNIFY FROM ANY AND ALL

LIABILITY FOR PERSONAL INJURY OR PROPERTY DAMAGE THAT RESULTS

FROM MY PARTICIPATION IN THE COMMUNITY EMERGENCY RESPONSE TEAM

PROGRAM.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Legal Guardian (if applicable) Date

THIS RELEASE MUST BE EXECUTED PRIOR TO PARTICIPATION IN THE

COMMUNITY EMERGENCY RESPONSE TEAM PROGRAM.

THANK YOU FOR YOUR WILLINGNESS TO PARTICIPATE!

Randolph County C.E.R.T.

***LIKENESS WAIVER***

I authorize Randolph County Emergency Management and/or Randolph County C.E.R.T. to use

my name and display my image/my child’s image and likeness, on the Randolph County C.E.R.T./Randolph County Emergency Management’s website or media publications, brochures, broadcasts, telecasts or newspaper

articles with regard to CERT.

This authorization shall remain in effect until revoked by me in writing.

By offering my signature below, I acknowledge acceptance of this waiver and agree to

allow the use of my or said minor child’s likeness from any photos or video taken that

specifically involve activities related to the Randolph County Emergency Management and/or

Randolph County C.E.R.T. Emergency Response Team.

I understand that the photos or video could be used to advertise and promote Randolph

County Emergency Management’s and/or Randolph County C.E.R.T. community

relations activities.

\

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minor Child’s Name (if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant or Parent/Legal Guardian Authorizing Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant or Parent/Legal Guardian Name (please print)



I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby request permission to participate in the Randolph County Community Emergency Response Team (C.E.R.T.) program. I understand that this training will involve active physical participation, which includes a potential risk of personal injury and/or personal property damage.

 I agree to hold The Randolph County C.E.R.T., Randolph County Emergency Management and all affiliated properties, agencies, and/or personnel, harmless from any and all claims, actions, suits, and/or injury that I may suffer, and which may arise as a result of my participation.

 I agree to follow all the rules established by the instructors, and to exercise reasonable care while participating in the C.E.R.T. program. I understand that if I fail to follow the instructor’s instructions and regulations or if I fail to exercise reasonable care, I can be administratively removed from the program.

 By executing this release, I certify that I have read this release and its entirety, understand all of its terms, and have had any questions regarding this form answered to my understanding. I sign this release freely and voluntarily.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date