**Jefferson County CERT**

**C/O Jefferson County Homeland Security & Emergency Management**

**28 Industrial Boulevard, Suite 101**

**Kearneysville, WV 25430**

304-728-3329

304-728-3320 Fax

sallen@jeffersoncountywv.org

**Community Emergency Response Team (CERT)**

***Please tell us about yourself. This information will help us to make your learning experience most fulfilling. BOTH SIDE OF THIS FORM MUST BE COMPLETED AND SIGNED IN ORDER TO PARTICIPATE.***

***Thank you!***

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Daytime Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Evening Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth (Month, Day, Year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Where do you work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Duties & Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time in Emergency Management (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Career background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency responder experience (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purpose for participating in this course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Goals for this experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any allergies (food, chemical, or textile)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any special needs to facilitate your participation in this course? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How do you want your name to appear on your certificate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

C.E.R.T. Participant Agreement

I understand that I must present a current driver’s license or other approved photo identification on the first night of class.

I understand that I must always work with a buddy, that before I go into an area of possible danger, that we will do a size up of the situation. If determined safe to enter after our size up, we will do so together. I will always wear my hardhat, my vest, my work gloves, my goggles and my boots when working in an emergency area.

I understand that I am NOT an emergency responder and I will not attempt to exceed my training in any situation. I will NOT self-deploy to an emergency scene, and I will only respond as a C.E.R.T. when activated by the Director of Jefferson County Homeland Security and Emergency Management or their designee. If I use the skills learned in this course, it will be as an individual unless specifically activated as a C.E.R.T. member.

I understand that I cannot respond to an emergency situation and/ or training while under the influence of alcohol, and/ or any legal or illegal drugs.

I understand that I am required to complete any and all required NIMS (National Incident Management System) requirements. Currently, this includes completion of the following courses available online: IS-700, NIMS; IS-800, National Response Framework; IS-100, Basic Incident Command; and IS-200, Incident Command.

I understand that I am participating in this training as a volunteer and that I must attend all 8 classes plus the final exercise in order to receive a certificate of participation.

I understand that by becoming a member of C.E.R.T., I am also becoming a part of the larger organization, the Jefferson County Homeland Security and Emergency Management partners.

I agree that pictures taken of me during training, exercises, and volunteer activities may be used in newsletters, promotional brochures, website, etc.

I agree that myself and my heirs will hold harmless the instructors of this course, Jefferson County C.E.R.T., the staff of Jefferson County Homeland Security and Emergency Management and/or the Jefferson County Commission for any injuries that I may sustain while participating in this course and during any exercise, activation, or any volunteer activity. I certify that I am over the age of 18 and in good health.

I understand that upon completion of this class, my name will be included in a database of all C.E.R.T. participants that may be made available to all emergency responder agencies in the county and to agencies that may wish to contact me to ask me to participate in their activities.

I understand that I must wear sturdy shoes or work boots to every class. I will also need to wear loose comfortable clothing. No shorts. No bare arms. If I have long hair, it must be tied up during class, exercises, and activations.

The Director of Homeland Security and Emergency Management or the Incident Commander on-scene reserves the right to remove any C.E.R.T. participant at any time for any reason.

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Signature Date