



## **FIRE DISTRICT 6 CERT TEAM VOLUNTEER PARTICIPATION CRITERIA**

**CERT Volunteers must complete the following in order to participate on an organized CERT and to be a registered emergency worker.**

### **Complete Basic Community Emergency Response Team (CERT) Training including:**

1. Disaster Preparation – 2.5 hours
2. CERT Team Organization – 2.5 hours
3. Medical Operations I - 2.5 hours
4. Medical Operations II – 2.5 hours
5. Light Search and Rescue – 2.5 hours
6. Fire Safety – 2.5 hours
7. Disaster Psychology – 2.5 hours
8. Terrorism and CERT – 2.5 hours
9. Course Review and Final Drill - 3-4 hours depending on class size

### **Other CERT Volunteer Requirements:**

- Must be at least 18 years of age or accompanied by a parent and registered as a state emergency worker (you are automatically registered as a state emergency worker with your registration for this CERT training)
- I consent to a background check and understand that the results may preclude my participation.
- Must maintain up-to-date contact information.
- Must be photographed for volunteer staff identification purposes.
- Must have a valid driver's license or state-issued identification.
- I understand that I am not to exceed my training skills and abilities.
- Must be willing to be notified and activated when CERT volunteers are needed to support the response to an emergency. If I am unable to respond, it will not affect my standing as a volunteer.
- Must attend at least two CERT refresher training per year – provided monthly
- Must (within 3 months of CERT completion) complete the Incident Command System (ICS) 100 training and the National Incident Management System (IS700a) courses on-line or in a classroom setting (approximately 2 hours each) – on-line: <http://www.training.fema.gov/IS/>
- Volunteers who are unable to complete these requirements will be placed in inactive status and removed from the emergency worker registration. Emergency worker registration is required for participation in trainings, exercises and deployments.

I understand that I need to complete the aforementioned trainings in order to become a CERT member. I agree to work within the scope of my CERT training and abilities; to follow the rules established by the sponsoring agency and their instructors; and, to exercise reasonable care while participating in CERT training, exercises or an emergency response.

Legibly Print Legal Name: \_\_\_\_\_

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



## Volunteer Application Form

Contact Information					
<b>Emergency Worker Registration #:</b>				<b>(leave blank if unknown)</b>	
County of Residence:			Photograph (agency to provide)		
Name(Last):	(First):	(Middle):			
Employer:		Employer Phone:			
Address 1:					
City:	State:	Zip Code:			
Home Phone:	Work Phone:				
(     )	(     )				
Cell Phone:	Pager:				
(     )	(     )				
E-Mail:	Radio Call Sign:	Date of Birth:			
Driver's License No.:		Height:	Weight:	Eye Color:	
Physical Limitations or Disabilities (if any):			Natural Color of Hair:		
Have you been convicted of a crime or served time in prison in the last ten years?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please give an explanation of conviction(s). Please include the date, exact charge, jurisdiction and disposition. Note: A conviction is not an automatic bar to employment. Each case is considered separately based upon its relation to duties of the position.					

**Person to Notify in Case of an Emergency**

Name (Last):	(First):	Relationship:
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Day Phone: ( )	Evening Phone: ( )	Pager: ( )
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Areas of Special Professional Expertise/ or Volunteer Interest:

I represent that I am at least eighteen (18) years of age and that the information on this form is correct to my best knowledge and belief.

_____ Signature	_____ Date
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Clark County Fire District 6 ATTN: Dave Sinclair 8800 NE Hazel Dell Ave. Vancouver, WA 98665	<b>Send Check for \$30.00 made out to CCFD6 CERT along with application materials.</b>
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CERT Program Contact: Dave Sinclair, Clark County Fire District 6 (360) 576-1195  
[cert@ccfd6.org](mailto:cert@ccfd6.org)



I, the undersigned \_\_\_\_\_ (legibly print full legal name) request that Clark County Fire District 6 (“Sponsoring Agency”) allow me to participate in its Community Emergency Response Team training and on-going volunteer program (“CERT Program”). This will enable me to gain knowledge and skills on how to approach emergency and disaster situations as a Citizen volunteer. I understand that I must complete the 23 hour CERT training and CERT Volunteer Participation Criteria in order to be a CERT team member in good standing.

I am voluntarily agreeing to attend and participate in the CERT Training provided by the Sponsoring Agency, in order to join the Community Emergency Response Team Program. I am aware that there are risks associated with participating in the CERT Program, which is inherently dangerous. I understand that this training will involve active physical participation, which includes but is not limited to risk of personal injury and/or personal property damage or loss. I understand that it is not the function of the sponsoring agencies to guarantee my safety during my participation in this activity. I acknowledge that my participation in this activity is completely voluntary.

**Photography**

I also hereby consent to the use of my name, voice, recording, photograph, likeness, reproduction by videotape, slide and/or film for noncommercial and/or promotional use by the Sponsoring Agency at any time in the future. I also release the Sponsoring Agency and their agents and assignees, from any and all liability arising from the use of the aforementioned material in print, on television, on electronic communications including web sites, and/or in any other media anywhere. I understand that no compensation will be due me, and that in giving this consent I hereby waive any right to approve accompanying written or narrative material.

**Hold Harmless**

In consideration of the Sponsoring Agency allowing me to participate in this activity, I hereby agree to **RELEASE, HOLD HARMLESS, INDEMNIFY AND DEFEND Fire District 6 and its officials, administrators, employees and agents from any and all liability and claims for damage or injury arising out of my participation in the CERT Program, and any and all related matters, except those arising solely from the gross negligence of the Sponsoring Agency.**

SIGNED _____	DATE _____
PRINT NAME _____	
WITNESS _____	DATE _____

**FOR AUTHORIZED OFFICIAL USE ONLY:**

Registration received (date): \_\_\_\_\_

Copy of license/certification(s) (if any): \_\_\_\_\_

Registration reviewed by: \_\_\_\_\_

Picture: \_\_\_\_\_

Interviewed on (date): \_\_\_\_\_

Entered into database: \_\_\_\_\_

Background check date: \_\_\_\_\_

Entered by: \_\_\_\_\_

Background check results: \_\_\_\_\_