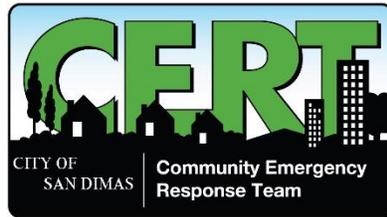


City of San Dimas Community Emergency Response Team (C.E.R.T.)

Membership Application

First Name:		Last Name:		Gender:	Date of Birth:
Current address:			City:	State:	ZIP Code:
Email:		Home Phone:		Cell Phone:	
We may use mass notification system, what order would you prefer to be contacted?		Cell ____ Home____ Text ____	Have you taken C.E.R.T. basic training before?		Where?
CA Resident?					
Please list any special skills or training that you feel would be helpful to this program:					
Do you speak any language other than English? If yes, specify:					
Shirt Size (Adult) circle one: S M L XL XXL XXXL Other _____					
EMERGENCY CONTACT					
Primary contact:				Phone:	
Secondary contact (not residing with you):				Phone:	
Limitations					
This information is used only so that we may be aware in case of any emergencies that may arise. San Dimas C.E.R.T. will consider reasonable accommodations as necessary to maximize participating. However, your health and safety are our #1 priority. If a situation is beyond your abilities, we ask that you let us know and refrain from participating. Everyone brings value, but we all have our limitations.					
Can you perform the essential volunteer duties listed in the volunteer opportunity applied for, without limitations? If no, what can be done to reasonably accommodate your limitation?					
The City of San Dimas C.E.R.T. values participation of all members of the public. To request an accommodation, please contact San Dimas C.E.R.T. at (909) 542-2505					
<i>I hereby certify that the information contained in this application is true and correct to the best of my knowledge. The City of San Dimas C.E.R.T. (or any agency working in conjunction with City of San Dimas 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.</i>					
Signature				Date	
For Official Use Only					
Date/Time Received application		Waiver of Liability		ICS 100	
Live Scan Check Completed		Waiver of Likeness		ICS 700	
Basic Training Completion date		Release of information		Standardized Emergency Management	
C.E.R.T. ID Badge issued date		C.E.R.T. ID #			
Shirt Issued date		State Disaster Form			

City of San Dimas C.E.R.T.



RELEASE AND AUTHORIZATION TO PHOTOGRAPH, VIDEOTAPE OR OTHERWISE RECORD

In consideration for being allowed to participate in the City of San Dimas Community Emergency Response Team (“CERT Program”), the undersigned grants and hereby consents to have my name, image, voice, likeness, silhouette, personality, biographical information, and statements (collectively, my “Likeness”) captured, photographed, videotaped, filmed, and/or otherwise recorded (including the use of electronic or optical-based media or through any other form or medium whatsoever, whether now or hereafter existing, and of every kind and character) by the CERT Program and the City of San Dimas, their successors, assigns, licensees, agents, employees, officers, directors, and representatives (collectively, “the City”). I grant to the City the right to use my Likeness in all forms and media including composite or modified representations for all purposes, including advertising, trade, marketing, promotion, or any commercial or non-commercial purpose, throughout the world and in perpetuity, as it may see fit, including without limitation the right to publish, promote, distribute, modify, edit, adapt, and make derivative works from any photographs, videotapes, and other recordings that feature or include my Likeness (collectively, the “Materials”). This grant of permission is made on a royalty-free, perpetual, irrevocable, non-exclusive basis, and will apply in any media now known or later invented, with or without attribution to me, and with the express understanding that I will not be given a right of inspection or approval or advance notice of any particular use of the Materials and/or my Likeness.

I agree that the City may edit, vary, change, alter, modify, add to, and delete from any depictions or use of my Likeness, and may rearrange and/or transpose such depictions as it may determine, in its sole discretion.

I agree that the City shall have all right, title and interest in any and all results and proceeds from the use of my Likeness. All Materials are the sole property of the City, and the City may copyright any aspect of the Materials. If I should receive any print, negative, or other copy of the Materials, I will not authorize its use by anyone else. I understand that I will receive no compensation or other consideration for the granting of this permission, and that the City shall be without liability to me for any ill effect resulting from the publication of my Likeness.

I understand that the City is under no obligation to utilize my Likeness in any part or at all nor is it required to exercise any of the rights granted by this release.

I, ON BEHALF OF MYSELF AND MY RESPECTIVE HEIRS, EXECUTORS, ADMINISTRATORS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY FOREVER WAIVE, RELEASE, AND DISCHARGE THE CITY FROM ANY AND ALL CLAIMS, DEMANDS, OR CAUSES OF ACTION THAT I MIGHT NOW OR HEREAFTER HAVE FOR LIBEL, SLANDER, DEFAMATION, INVASION OF PRIVACY, RIGHT OF PUBLICITY, INFRINGEMENT OF COPYRIGHT OR TRADEMARK, OR VIOLATION OF ANY OTHER RIGHT ARISING OUT OF OR RELATING TO ANY UTILIZATION OF MY LIKENESS AND/OR THE RIGHTS GRANTED UNDER THIS RELEASE.

I hereby warrant that I am eighteen years of age or older (or that this release has been signed by my parent/legal guardian), am fully competent to execute this Release, have read this document before signing below, and fully understand its contents, meaning, and impact. In addition, I warrant that my execution of this Release, and the City's use of the Materials and/or my Likeness, will not conflict with any other agreement to which I am bound.

Name (Print):

Date:

Signature:

Address:

Phone:

Email:

Parent/Guardian Consent (include if the person is under 18)

I am the parent or guardian of the minor named above. I have the legal right to consent to and do consent to the terms and conditions of this release.

Parent/Guardian Name (Print):

Date:

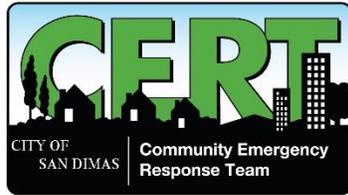
Parent/Guardian Signature:

Parent/Guardian Address:

Parent/Guardian Phone:

Parent/Guardian Email:

City of San Dimas C.E.R.T.



WAIVER, RELEASE, HOLD HARMLESS, AND AGREEMENT NOT TO SUE

Whereas, I (Please print your name) _____

ADDRESS _____

HOME PHONE _____ Cell PHONE _____

have made a voluntary request on my own initiative to participate in the Community Emergency Response Team (CERT) with the City of San Dimas.

I fully understand that my participation in CERT exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, or property damage. I hereby acknowledge that I am voluntarily participating in the CERT and agree to assume any such risks. I do hereby, for myself, my heirs, executors, and administrators, remise, release, discharge, and agree not to sue the City of San Dimas, its employees, officers, commissioned staff, elected officials, representatives, instructors, CERT Management Team, Training Committee Members, affiliates, and agents, acting officially or otherwise (hereinafter referred to as City of San Dimas) for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in the CERT from whatever cause, including the active or passive negligence of the City of San Dimas or any other participants in the CERT. The parties to this AGREEMENT understand that this document is not intended to release any party from any act or omission of "gross negligence," as that term is used in applicable case law and/or statutory provision.

In consideration for being permitted to participate in the CERT, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of San Dimas from any and all claims, demands actions or suits arising out of or in connection with my participation in the CERT.

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 CERT program.

I **ACKNOWLEDGE** that my participation in the CERT program and any continued educational training is strictly voluntary, with no monetary compensation, and does not grant employment rights, employee benefits, or a vested/liberty interest as an employee with City of San Dimas.

I **ACKNOWLEDGE** that my participation in the CERT and any continued disaster educational training may cause me to view possibly graphic and/or hazardous emergency photographs or scenes.

I **AGREE** to abide by all instructions given to me by the City of San Dimas, the Los Angeles County Fire Department, the Los Angeles County Sheriff's Department personnel and other instructors and safety officers while participating in the CERT and **I UNDERSTAND** if I fail to follow the instructors' rules/regulations, or if I fail to exercise reasonable care, I can be administratively removed from the program.

While participating in any CERT training, I may gain access to information or documents of a sensitive nature, and/or information deemed confidential by the City of San Dimas, the State of California, or other entities. **I agree that I will not take, photograph, copy, pass on, keep or release ANY information, items obtained by me, or sensitive information, items obtained by me, or sensitive materials that I may become privy to in the course of my participation in the program except as directed by the Executive Board or team policies.**

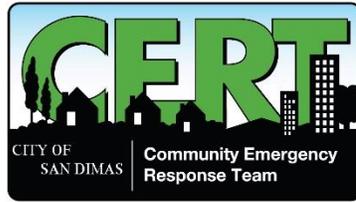
While participating in the CERT, I agree to advise the City Manager or his\her designee, immediately, of any interaction I may have with any law enforcement official involving a criminal investigation against me or my arrest.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

DATE _____

SIGNATURE _____

City of San Dimas C.E.R.T.



AUTHORIZATION FOR RELEASE OF INFORMATION/CONSENT FORM

I hereby authorize the City of San Dimas, the Los Angeles County Sheriff's Department, and the City of San Dimas to obtain and/or receive a criminal history record pertaining to me, which may be in the files of any state or local criminal justice agency in California, in any other state, or in any other country.

The intent of this authorization is to give my consent for a full and complete disclosure of the following records and request that the custodian of such records/information permit my records to be examined, copied, transmitted, or otherwise reviewed:

Criminal History Record

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature. This release is executed with full knowledge and understanding that the information is for the official use of the City of San Dimas, the Los Angeles County Sheriff's Department, and the San Dimas C.E.R.T. Management Team, in determining my suitability to participate in the Community Emergency Response Team program.

I hereby waive and release any claims against any party, which I may have because of the release of any records or information referenced in this authorization. I acknowledge that no party shall have any liability to me as a result of complying with a request for such information and /or records.

Should there be any questions as to the validity of this release you may contact me as indicated below.

Full Name (Please print) _____

Driver's License number _____ State _____

Complete home address _____

Home phone: _____ Cell phone: _____

Date of Birth: _____

Signature: _____ Date _____

For Official Use Only
Information verified by _____ Verification Date _____

City of San Dimas C.E.R.T.



MEMBER PARTICIPATION INTEREST FORM

Please check this box if you are C.E.R.T. Trained but at this time have **no desire to be an active member** of the San Dimas C.E.R.T. Team. You will still be notified of C.E.R.T. related issues, training, meetings, and community events. You may change your status at any time to be an active member of the group at which time you will need to go through the background process.

If you check the box above, there is no need to complete the following information. If you are interested in being an active member, please continue:

The following information will help the organization to establish groups, committees, trainers, as well as assist members with participation in the C.E.R.T. Team in a position that you feel most comfortable fulfilling.

In order to prioritize your position within the group please place a check mark in the box that most suites your participation with the San Dimas C.E.R.T. Team.

- **BOX # 1:** This is the highest priority and should be checked for the assignment that you would feel the most comfortable fulfilling.
- **BOX # 2:** If you first priority assignment is currently unavailable check this box for the secondary assignment you feel the most comfortable fulfilling.
- **BOX # 3:** If your first and second choices for an assignment are not currently available, please check this box for an assignment you feel most comfortable fulfilling.
- **BOX # 4:** In the event of a natural disaster or emergency and C.E.R.T. Team members are officially activated to assist Public Safety and your PRIORITY ASSIGNMENT IS ALREADY FILLED please select the assignments that you would be willing to help with.

	# 1	# 2	# 3	# 4
ADMINISTRATION				
Management Team Member (as positions become available)				
Management Team Member Alternate (as positions become available)				
General Administrative work to support the Management Team				
Participation in Community Service Events				

Being a neighborhood trainer in emergency preparedness				
Being a C.E.R.T. Basic Class Instructor				
Providing Community Preparedness Information to Businesses and HOA's				
Time keeping and hour reporting				
Recruitment and personnel record keeping				
OPERATIONS				
Incident Commander (<i>Prior experience required</i>)				
Safety Officer				
Public Information Officer (P.I.O.)				
Damage Assessment and Utilities Shut Off				
Light search and rescue				
Team Communications - Ham Radio				
Medical Team				
Emergency Operations Center Participant. <i>Must have prior EOC experience or completion of IS 100.b or IS 700a Class provided by FEMA</i>				
General Disaster Service Worker				
LOGISTICS				
Scene response to distribute food and supplies to members				
Inventory of equipment				
Light maintenance of equipment				
Perform technical activities required to maintain an operation facility				
PLANNING				
Support activities for incident planning				
Support Command and Operations during an incident				
Prepares final documentation at the conclusion of an event				
FINANCE				
Interest in tracking finances for the organization				
Interest in fundraising for the organization				
Interest in putting on charity events for the organization				
Soliciting funds and donations for the organization				
Submitting forms and documents for reimbursement to state and local agencies				
Processing incident expenses				
	<i>Please Check only one (1) box below</i>			
	I am currently a volunteer with the Los Angeles County Sheriffs Dept			
	I am interested in being a volunteer with the Los Angeles County Sheriff's Dept.			
	I am NOT interested in volunteering with the Los Angeles County Sheriff's Department			