



## CERT Volunteer Enrollment Form

Completing this application does not guarantee a place in the next CERT Class. By submitting and signing this application you give the Clinton County Emergency Management Agency permission to verify all information stated on this application. In order to participate in CERT Training you must complete and submit the "Authorization for Release of Information Agreement" form that allows a background check to be performed.

_____	_____	_____	____/____/____
<b>Last Name</b>	<b>First Name</b>	<b>M.I</b>	<b>Today's Date</b>
_____		_____	_____
<b>Street Address</b>		<b>City</b>	<b>State Zip Code</b>
(____) _____ - _____	(____) _____ - _____	(____) _____ - _____	
<b>Home Phone Number</b>	<b>Cell Phone Number</b>	<b>Other Phone Number</b>	
Email: _____		Are you at least 16 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If under 18, please print the name of Parent /Guardian:</i> _____			
<b>Contact Number for Parent or Guardian:</b> (____) _____ - _____			

**I am applying as (please select one):**

**An Individual**

**A member of a Group or Team of 5 or more (If applying as a Group or Team of 5 or more individuals, please submit your applications together.)**

*If applying as a group, please list how your group knows each other:*

**Neighbors/Neighborhood Group**       **Co-Workers**       **Family**

**Friends**       **Church Group**

**Club or Service Group - Please Specify** \_\_\_\_\_

**Other – Please Specify** \_\_\_\_\_

**Emergency Contact:**

_____	_____	(____) _____ - _____
<b>Name</b>	<b>Relationship</b>	<b>Contact Number</b>

**Current Employment Status:**

Employed    Not Employed    Retired    Student

**Your current or former occupation:** \_\_\_\_\_

**If employed, name and address of employer:** \_\_\_\_\_  
\_\_\_\_\_

**Previous or current volunteer work experiences:** \_\_\_\_\_  
\_\_\_\_\_

**Please list any special skills or experiences:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Volunteer Requirements and Responsibilities:**

1. Submit complete application form and a **copy of a valid Iowa Driver’s License or other State issued ID with your current residence.**
2. Be at least 16 years of age. **If under 18, consent of a parent or guardian is required.**
3. Participate in all required training sessions. (Exceptions may be made for crisis situations only. In this case, the participant will be allowed to make the class up with the next group, and graduate with the next group.)
4. Comply will all worker/volunteer standards established by the Clinton County Emergency Management Agency/CERT Program.
5. Notify the Emergency Management Agency, in writing, when terminating CERT volunteer status.
6. Submit to a background check. (“Authorization for Release of Information Agreement” must be submitted with this “CERT Volunteer Enrollment Form”.)

I, \_\_\_\_\_(print your name), here by request permission to participate in the Clinton County Emergency Response Team (CERT) Program. If I am under 18, the signature below indicates parental approval. I understand that training will involve active physical participation, which includes a potential risk of personal injury and/or personal property damage; and I make this request with full knowledge of these risks. I agree to hold the County of Clinton and its agents and personnel harmless from any and all claims, actions, suits/or injury that I may suffer which may arise as a result of my participation in the above mentioned program/class. I agree to follow the rules established by the instructors, and to exercise reasonable care while participating in the CERT Program. I understand that if I fail to follow the instructor’s rules/regulations or if I fail to exercise reasonable care, I can be administratively removed from the program. Additionally, I authorize the use of any photograph taken in connection with my participation in the program without compensation. By executing this release, I certify that I have read this release in its entirety, understand all of its terms and have had any questions regarding the release or its effect satisfactorily answered. I sign this release voluntarily.

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Signature of*

*Parent/Guardian, if under 18:* \_\_\_\_\_

Date: \_\_\_\_\_

**Return completed applications to:**

**Clinton County Emergency Management Agency**

**241 7th Ave North**

**P.O. Box 2957**

**Clinton, IA 52733-2957**

**[EmergencyManagement@ClintonCounty-IA.gov](mailto:EmergencyManagement@ClintonCounty-IA.gov)**