



**Carter County CERT**  
**(Community Emergency Response Team)**  
**Hold Harmless Agreement**

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

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

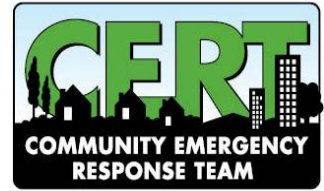
I, the individual named above, hereby request permission to participate in the Carter County Community Emergency Response Team (CERT) Program and am 18 years of age, or older. I understand that response and training will involve physical participation, which includes a potential risk of personal injury and/or personal property damage. I make this request with full knowledge of these risks. Further, I have read and understand the Program outline that describes the training and associated activities (a complete description is available at [www.citizenscorps.gov/cert/](http://www.citizenscorps.gov/cert/)).

I agree to indemnify and hold Carter County, the Carter County CERT, Carter County Emergency Management, and each of their officers, governing bodies, agents, employees, personnel, and volunteers, harmless from any and all claims, actions, or suits for any injury or loss that I may suffer, or which may arise, as a result of my participation in the above mentioned Program. I understand that personal safety is the foundation of the Carter County CERT and agree to follow the code of conduct, rules, and policies established by Carter County Emergency Management, the Carter County CERT, CERT leadership and instructors, and to exercise reasonable care while participating in the CERT Program.

I understand that I can be administratively removed from the Program at any time. Additionally, I authorize the use of my image, photographed in connection with my participation in the Program, without prior approval or compensation. I understand that my submission of this application, whether mailed, or sent electronically via email, or faxed, will have the same force and effect as an original. Further, I understand that a background check will be required for all applicants, and my acceptance into the Program is subject to clearance of the background check.

I authorize Carter County Emergency Management to require a background check, including a check of criminal records, and other information regarding me, that may be of a confidential nature. I understand that the background check results do not have to be disclosed to me. 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 satisfactorily answered. I sign this release freely and voluntarily.

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



<b>APPLICANT INFORMATION:</b>					
First Name:		M.I.:	Last Name:		
Mailing Address:			City:	State:	Zip:
Home Phone:		Work Phone: (Can you be contacted at work?)		Cell Phone:	
Email Address:				Cell Phone Carrier	
Date of Birth: (MM/DD/YYYY)	Valid Driver's License? (Y/N)	State of Issue:	DL#:	SSN:	
<b>Are you an Amateur Radio Operator?</b>		<b>Class of License:</b>		<b>Call Sign:</b>	
Are you presently employed? (Y/N)	Full or Part Time?	Name and Address of Employer:			
Have you ever been convicted of a crime?      YES      NO					
You may omit: a) Traffic violations, (Driving Under the Influence convictions must be reported); b) Any conviction committed prior to your 18 <sup>th</sup> birthday which was finally adjudicated in Juvenile Court or under a youth offender law.					
<b>EMERGENCY CONTACT INFORMATION:</b>					
Name:	Address:		Phone:	Relation:	
<b>Please Provide Two Personal or Professional References:</b>					
<b>Name</b>		<b>Address</b>		<b>Phone</b>	
1.					
2.					
If you have a disability, what accommodations would you need to do this volunteer position?					
Are there any certain skills, training or knowledge you wish to utilize with CCCERT?					
<b>I authorize investigation of all statements contained in this application and any supporting documents and I understand that a background check, criminal history and driver's license check will be conducted. I authorize Carter County Emergency Management, Carter County Community Emergency Response Team, and its non-profit partners to secure information from the references I have provided, and release all parties from any liability arising from such investigation.</b>					
Signature of Applicant:				Date	

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

Use this form to supply areas of interest. You may check multiple areas.

Please check Interest for the following:

\_\_\_ \*CPR (Check if certified )

\_\_\_ \*First Aid (Check if certified )

\_\_\_ \*Nurse

\_\_\_ Foreign Language (Please List) \_\_\_\_\_

\_\_\_ Sign Language

\_\_\_ Computer Data Entry

\_\_\_ Clerical—Typing

\_\_\_ Search and Rescue

\_\_\_ Shelter Management

\_\_\_ Weather Spotter

\_\_\_ Radio Operator

\_\_\_ Exercise Planner

\_\_\_ Exercise Participant

\_\_\_ Administrative

\_\_\_ Traffic Control

\_\_\_ Speaker on Preparedness Topics at Community gatherings.

\_\_\_ Give slide or film presentations in schools and businesses.

\*For all areas of interest with qualifications, please provide a copy of the certification.