

CERT Volunteer Enrollment Form

Please print, fill out sign and send this form to:
Brown County Emergency Management, 124 South 1st Street, Aberdeen,
SD 57401

Last Name: _____ First Name: _____ Middle: _____

Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Wireless Phone: _____

E-mail: _____

TRAINING:

Basic Class Date: _____

Ham Radio License and Type: _____

Other training (please provide copies):

Emergency Contact Information:

In case of Emergency contact:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Wireless Phone: _____

Background Information:

Date of Birth (mm/dd/yy): _____ Last four of Social Security #: _____

Driver's License #: _____ State: _____ Expires: _____

Have you ever been convicted of a crime other than parking violations? Yes No

If Yes Explain:

Are you currently on probation, parole, or awaiting trial? Yes No

If Yes Explain:

Do you have a disability or medical condition that may affect your activities with the CERT Team? Yes No

If Yes Explain:

HOLD HARMLESS/PERMISSION REQUEST:

I, _____, hereby request permission to participate in the Brown County Community Emergency Response Team (CERT) program. I understand that this training and activities will involve active physical participation, which includes a potential risk of personal injury and/or personal property damage. I make this request with full knowledge of the possibility of personal injury and/or personal property damage.

I agree to hold the Brown County Community Emergency Response Team, The Brown County Citizen Corps Council, Brown County Commissioners, Aberdeen City Commissioners, and Brown County Emergency Management, and their agents, personnel, and volunteers, harmless from any and all claims, actions, suits, and/or injury that I may suffer and which may arise as a result of my participation in the above mentioned class and program.

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 and regulations or if I fail to exercise reasonable care, I can be administratively removed from the program.

I also agree to allow Brown County to complete a background investigation of me. I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for participation in the CERT Program.

I also agree that I have been given a copy of the Brown County CERT Guidelines, and will abide by that guideline, and keep it updated as needed.

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 satisfactory answered. I sign this release freely and voluntarily. I declare under penalty of perjury that all statements on this enrollment form and attachments are true and complete to the best of my knowledge. I understand that false, misleading, or incomplete information shall be cause for disqualification.

Signature: _____ Date: _____

Witness Print: _____ Signature: _____