

CENTRAL AID AGENCY

POSITION APPLICATION				
POSITION NAME			POSITION DESIGNATION	
CERT Team Member			CERT-0	
DETAILS				
TYPE OF POSTING	OPEN DATE RANGE	LEVEL OF COMMAND	POSITION RANK	PAYSCALE
External	Always Open	Program	CERT 0 and Above	Volunteer
DESCRIPTION OF DUTIES			DESCRIPTION OF SELECTION PROCESS	
<ul style="list-style-type: none"> -Respond to emergency situations -Assist with disaster mitigation and preparedness. -Help educate the public about disaster response and preparedness -Participate with the CERT program. -Participate in regular training and disaster response related events. 			<ul style="list-style-type: none"> -Application -Approval by CERT administrators -Attend CERT Meetings and Training -Attend and pass CERT training (If not already certified) -Assignment to CERT Team 	
UNIFORM			TYPE OF ASSIGNMENT	
<ul style="list-style-type: none"> -CERT personnel must wear red CERT T-shirt for all official activities. -CERT personnel must wear reflective CERT vest while operating in the field. -Other than vest and T-shirt, CERT's may wear clothing of their choosing. Clothing must be appropriate for disaster response type activities. -Full uniforms may be authorized. 			<ul style="list-style-type: none"> -Volunteer assignment. 	
MEMBERSHIP REQUIREMENT				
<ul style="list-style-type: none"> -Personnel are not required to join the Central Aid Agency beyond volunteer CERT membership. 				
HYGIENE AND APPEARANCE				
<ul style="list-style-type: none"> -No specific requirement, but personal hygiene and appearance must be functional for disaster response type activities. -Personnel must keep good personal hygiene. 				
ELIGIBILITY				
<p>-C.A.A. PERSONNEL MUST JOIN RRT IF THEY WANT TO PARTICIPATE IN CERT</p> <ul style="list-style-type: none"> -CERT is open to all, no prior experience required. -I understand that I will be background checked as part of this process:_____ <p style="text-align: right;">(Initial)</p>				

CERTIFICATIONS:

- Must get CERT Trained within one year of appointment.
- Must complete ICS 100, 200, and 700 in order to become deployable.
- Must complete LCC Volunteer Application and Background Check Form (Attached).
- Must get HAM radio licensed prior to being promoted to a leadership position.

ABILITY/BACKGROUND:

Are you comfortable operating in a disaster or emergency environment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you understand that you may be subjected to physically challenging activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to meet the scheduling and training requirements of CERT? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you comfortable operating during stressful situations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you understand that you may be called upon to be deployed at any time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you comfortable around blood, first aid and/or medical emergencies? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you comfortable operating as part of a team? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you comfortable with the idea that you may be operating around deceased persons? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you interested in ever holding or working up to a leadership position? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION

LAST NAME		FIRST NAME	
DATE OF BIRTH		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	
CONTACT PHONE		CONTACT EMAIL	
SIGNATURE		DATE	
BELOW FOR AUTHORIZING OFFICER ONLY			
APPLICATION APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE	
SIGNATURE		ID NUMBER	

COST

There is a \$20 Apparel Fee required when joining C.A.A. CERT. The Fee covers the cost of one Red CERT T-shirt, ID nametapes, and CERT Badge.

I HAVE ATTACHED \$20 TO THIS APPLICATION FOR THE APPAREL FEE

CENTRAL AID AGENCY

Liability & Legal Release Form

THIS IS A LIABILITY AND LEGAL RELEASE -- READ BEFORE SIGNING

APPLICANT NAME _____ DATE OF BIRTH _____
(Please Print)

IN CONSIDERATION of being permitted to participate in any way in the operations and activities of the Central Aid Agency, its partners, or its affiliates; I acknowledge, appreciate, and agree that:

1. That there is an inherent potential risk of injury from some activities the Central Aid Agency engages in, including the potential for permanent disability and death, and while particular protective equipment, policies, and training will minimize this risk, the risk of serious injury or death does exist;

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation, actions, postings, missions, assignments, or otherwise; and,

3. I understand that some activities of the Central Aid Agency are physically and mentally intense. I understand that I will be bound to the policies of the Central Aid Agency and will comply with all rules and regulations therein. I recognize that all Central Aid Agency personnel are considered Mandatory Reporters in regards to incidents of abuse; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE CENTRAL AID AGENCY, its affiliates, and the owners and lessors of premises used to conduct training or operations, their officers, officials, agents and/or employees ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except that which is the result of gross negligence and/or wanton misconduct.

5. I understand and agree that this Release of Liability Agreement covers each and every official activity or event SPONSORED, ENDORSED, or AUTHORIZED BY THE CENTRAL AID AGENCY or its affiliates in which I participate hereafter

6. I hereby grant permission to the CENTRAL AID AGENCY and its affiliates to use my photographic and digital likeness, voice sound, and any intellectual property created by me while on duty; in all forms and media for advertising, trade, and any other lawful or official purpose.

7. I hereby authorize the Central Aid Agency to make emergency medical decisions and interventions on my behalf, whether conscious or unconscious. I authorize the Central Aid Agency to create and access personal medical history relevant to providing treatment, care, or for the purposes of selection, hiring, or assignment.

8. I understand the Central Aid Agency reserves the right to terminate my membership, application, commission, certification, or rating at any time for any reason they see fit.

9. I understand that personnel of the Central Aid Agency are barred from unionization under penalty of termination, and I hereby waive any rights or intent to unionize.

10. I hereby authorize the Central Aid Agency to make periodic background checks and drug tests, and that refusal or failure of such checks may result in my termination.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Date Signed: _____
APPLICANT SIGNATURE

FOR PARTICIPANTS OF MINOR AGE: (UNDER AGE 18 AT TIME OF APPLICATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of the CENTRAL AID AGENCY and all other Releasees but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

X _____ Date Signed: _____
PARENT/GUARDIAN'S SIGNATURE

X _____ Number: _____ Date Signed: _____
AUTHORIZING OFFICER SIGNATURE

LCC Emergency Planning Team Volunteer Application

Please complete. Print all answers.

Individual or Group Name _____

Application Date _____

I. Application Questions to Establish Organization/Individual Eligibility

A. Experience/Training

1. Please state the total number of years the organization or individual has been involved in volunteer activities. _____
2. Candidate(s) completed FEMA ICS 100 and 200? _____
3. Candidate(s) familiar with LCC's main campus layout? Y / N
4. If "Yes" to above Question, how was this knowledge obtained?

5. Candidates completed any of the following (Count each incidence of current trained or certified members as, "1" for each entry. For example if an organization is applying, and 5 people have current first aid certifications, the number "5" would be placed by "First Aid".) Do NOT list expired certifications or trainings.

_____ First Aid	_____ Other ICS Training (list) _____
_____ EMT-B	_____ Current Red Cross Volunteer
_____ EMT-I	_____ Current Other Volunteer (name agency(s)) _____
_____ EMT-P	_____
_____ FEMA ICS 700 _____	
_____ FEMA ICS 800	_____ Current Other Certification (name) _____
_____ CPR Adult Basic	_____
_____ CPR Child/infant	_____ CERT

OFFICE USE ONLY: Score 1 _____, Score 2 _____, Score 3 _____, Score 4 _____ Score 5 _____ Total 1-5 _____
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B. Communication/Transportation

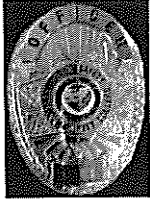
Check whichever statements are true:

- 1. Individual applicant has a cell phone
- 2. Individual member has personal transportation (motor vehicle)
- 3. ALL Group members have cell phones
- 4. ALL Group members have personal transportation (motor vehicle)

II. Member CCH Results/Individual Applicant CCH Results

Applicant may be automatically disqualified for any of the following reasons:

- Criminal History including but not limited to: any property crime, drug abuse, felony convictions, crime against person, domestic violence
- Individual does not have a valid driver's license
- Individual refuses to sign confidentiality agreement
- Individual has been dishonorably discharged from military service



Lane Community College Public Safety Department Criminal History Authorization



I give my permission for the LCC Public Safety Department to conduct a criminal history check on me. Information may be gathered through various sources including, but not limited to: LEADS, NCIC, DMV, or other regional and national computer databases.

Physical Identifiers:

Gender: Male Female

Ethnicity: A B H I W

Date of Birth				Social Security Number										
Month:		Day:		Year:										

Drivers License Number / Phone Number	State
/	

List all states that you have lived, worked, or attended school in since age 18:

List all other names that you have used including nicknames, aliases, and maiden name(s).

Last, First, Middle:	
Last, First, Middle:	
Last, First, Middle:	
Last, First, Middle:	
Last, First, Middle:	

Print Name: First, Middle, and Last Name.

Signature	Date

A photocopy or FAX reproduction of this authorization and release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.