

# CENTRAL AID AGENCY

POSITION APPLICATION				
POSITION NAME			POSITION DESIGNATION	
<b>EMCOMM</b>			<b>EMCOMM-0</b>	
DETAILS				
TYPE OF POSTING	OPEN DATE RANGE	LEVEL OF RATING	POSITION RANK	PAYSCALE
<b>External</b>	<b>Always Open</b>	<b>V-1</b>	<b>EMCOMM 0 and Above</b>	<b>Volunteer</b>
DESCRIPTION OF DUTIES			DESCRIPTION OF SELECTION PROCESS	
<ul style="list-style-type: none"> <li>-Provide amateur radio (ham) communications capability, especially in times of emergency</li> <li>-Respond to emergency situations to support operations with communications capability</li> <li>-Assist with disaster mitigation and preparedness.</li> <li>-Help educate the public about disaster response and communications</li> <li>-Participate with the EMCOMM program.</li> <li>-Participate in regular training and disaster response related events.</li> </ul>			<ul style="list-style-type: none"> <li>-Application</li> <li>-Approval by EMCOMM administrators</li> <li>-Attend EMCOMM Meetings and Training</li> <li>-Complete ham radio certification to at least Technician level (if not already certified)</li> <li>-Attend and pass Basic EMCOMM training</li> <li>-Complete ICS 100, 200, and 700 within 3 months of completing Basic EMCOMM Training (or equivalent)</li> <li>-Achieve Deployment Status</li> <li>-Assignment to EMCOMM Team</li> </ul>	
UNIFORM			EQUIPMENT	
<ul style="list-style-type: none"> <li>-EMCOMM personnel must wear at minimum red EMCOMM T-shirt for all official activities.</li> <li>-EMCOMM personnel must wear reflective EMCOMM vest while operating in the field.</li> <li>-Other than vest and T-shirt, EMCOMMs may wear clothing of their choosing. Clothing must be appropriate for disaster response type activities.</li> <li>-Full uniforms may be authorized and worn for some events.</li> </ul>			<ul style="list-style-type: none"> <li>-Equipment purchased by EMCOMMs is their property and they may keep it upon leaving the program (Including the initial 2 Red T-shirts and chest insignia).</li> <li>-All other equipment is issued by the program to the EMCOMM and must be returned upon leaving the program.</li> </ul> <p style="text-align: center;"><b>PLEASE STATE T-SHIRT SIZE</b></p> <p style="text-align: center;">[ ] S [ ] M [ ] L [ ] XL [ ] 2XL [ ] 3XL</p>	
MEMBERSHIP REQUIREMENT			TYPE OF ASSIGNMENT	
<ul style="list-style-type: none"> <li>-Personnel are not required to join the Central Aid Agency beyond volunteer EMCOMM membership.</li> </ul>			<ul style="list-style-type: none"> <li>-Volunteer assignment.</li> </ul>	
HYGIENE AND APPEARANCE				
<ul style="list-style-type: none"> <li>-Type 5: No specific requirement, but personal hygiene and appearance must be functional for disaster response type activities.</li> <li>-Personnel must keep good personal hygiene.</li> </ul>				

**ELIGIBILITY**

**-ACTIVE DUTY RATED C.A.A. PERSONNEL MUST JOIN IMOS TO PARTICIPATE IN EMCOMM**

-EMCOMM is open to all, no prior experience required.

-I understand that I will be background checked as part of this process: \_\_\_\_\_  
(Initial)

**CERTIFICATIONS:**

- Must complete Basic EMCOMM Training within one year of joining the program.
- Must complete ICS 100, 200, and 700 within 3 months of Basic CERT Training.
- Must complete LCC Volunteer Application and Background Check Form (Attached).
- Must get ham radio licensed within 6 months of joining the program (if not certified).

**ABILITY/BACKGROUND:**

Are you comfortable operating in a disaster or emergency environment?  [ ] Yes [ ] No	Are you comfortable operating as part of a team?  [ ] Yes [ ] No	Are you willing to meet the scheduling and training requirements of this program?  [ ] Yes [ ] No
Are you comfortable operating during stressful situations?  [ ] Yes [ ] No	Do you understand that you may be called upon to be deployed at any time?  [ ] Yes [ ] No	Are you interested in ever holding or working up to a leadership position?  [ ] Yes [ ] No

**APPLICATION**

LAST NAME		FIRST NAME	
DATE OF BIRTH		GENDER	
		[ ] Male [ ] Female	
CONTACT PHONE		CONTACT EMAIL	
SIGNATURE		DATE	
<b>BELOW FOR AUTHORIZING OFFICER ONLY</b>			
APPLICATION APPROVED		DATE	
[ ] Yes [ ] No			
SIGNATURE		ID NUMBER	

**COST**

There is a \$55 Apparel Fee required when joining EMCOMM. The Fee covers the cost of 2 Red EMCOMM T-shirts, 1 set of ID nametapes, and an EMCOMM Badge.

**[ ] I HAVE ATTACHED \$55 TO THIS APPLICATION, OR HAVE ALREADY PAID 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; I swear and affirm I will not release sensitive or classified materials to anyone not authorized to receive them; 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 the Central Aid Agency prohibits any form of solicitation or distribution in working areas, during work time, or that uses agency resources, without prior authorization; and internally strongly supports union alternatives.

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 Campus Community Emergency Response Team Volunteer Application (All C.A.A. EMCOMMs are dual-members of LCC Campus CERT)

Please complete. Print all answers.

Individual or Group Name \_\_\_\_\_

Application Date \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## I. Application Questions to Establish Organization/Individual Eligibility

### A. Experience/Training

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

5. Have you completed any of the following (Count each current incidence of training or number of certified members as "1". 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 ECS 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 \_\_\_\_\_

**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 (Attach numbers on separate sheet)
- \_\_\_\_\_ 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 (Initial):**

- \_\_\_\_\_ 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

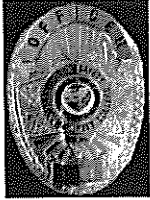
Liability Release, CERT Responsibility, and Confidentiality Agreement:

I hereby release Lane Community College (LCC), its affiliates, and partner agencies and organizations from any and all liability as a result of my actions or participation as a volunteer; and recognize that being a volunteer comes with the inherent potential risk of injury, serious injury, or death. I authorize LCC and any partner agencies or organizations to perform background checks on me; make emergency medical decisions on my behalf; use my image, ideas, or otherwise; and to terminate my participation at any time for any reason they see fit. I recognize that this is a volunteer position and I will not be compensated for my participation. I recognize that membership in the C-CERT program comes with the responsibility of participating in ongoing meetings, training(s), and deployment(s) to emergency situations within LCC jurisdiction or authority. As such I will make a concerted effort to maintain activeness in the program, and respond to callouts when and if they should occur as a condition of my membership in the program. I recognize that any equipment issued to me is the property of Lane Community College and must be returned upon leaving the program or when requested to do so by the CERT Program Manager or their designee.

I acknowledge that some activities may be sensitive in nature and may contain exposure to classified, sensitive, or privileged information. I will not take or share photos, video, or details about sensitive callouts or my participation in them on social media or to the general public except with special permission. I will not discuss details or specifics of details that are sensitive in nature. I recognize that failure to adhere to these guidelines is grounds for my termination as a volunteer and/or criminal prosecution.

Signature of applicant: \_\_\_\_\_

Signature of Parent / Guardian (If under 18): \_\_\_\_\_



# 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															
<b>Month:</b>		<b>Day:</b>		<b>Year:</b>															

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).**

<small>Last, First, Middle:</small>	
<small>Last, First, Middle:</small>	
<small>Last, First, Middle:</small>	
<small>Last, First, Middle:</small>	
<small>Last, First, Middle:</small>	

**Print Name: First, Middle, and Last Name.**

<b>Signature</b>	<b>Date</b>

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.