CENTRAL AID AGENCY

POSITION APPLICATION			
POSITION NAME	POSITION DESIGNATION	OCCUPATIONAL SPECIALTY CODE	OPEN TO
EMCOMM CERT Member	**EMCOMM CERT-0**	**NR-AECV1**	**Non-Rated Personnel**

DETAILS			
HAZARDOUS ROLE STATUS	POSITION COMMAND	POSITION LOCATION	SERVICE POINTS REQUIRED
Yes	**EMCOMM CERT Program**	**Sector 2 Junction City, OR**	**None**

TYPE OF POSTING	OPEN DATE RANGE	RATING LEVEL	POSITION RANK	RANK SYSTEM DESIGNATOR
Internal and External	**Open Until Closed**	**Non-Rated Position (V-1)**	**CERT 0 and Above**	**CERT1**

POSITION DESCRIPTION

- EMCOMM CERT personnel are volunteer community members who provide emergency response capability as an auxiliary to C.A.A. Rated emergency response units. Specifically EMCOMM CERT personnel are cross trained to provide capability as either radio operators or ground emergency responders.

TYPE OF ASSIGNMENT

- This is a **Primary Duty Assignment**. Personnel assigned to the EMCOMM CERT program carry out the related duties as their main role within the Central Aid Agency.

DESCRIPTION OF DUTIES

- Provide amateur radio (ham) communications capability, especially in times of emergency.
- Respond to emergency situations.
- Assist with disaster mitigation and preparedness.
- Help educate the public about disaster response, preparedness, and communications.
- Participate with the EMCOMM CERT program.
- Participate in regular training and disaster response related events.

MEMBERSHIP REQUIREMENT

- EMCOMM CERT Personnel are Non-Rated Central Aid Agency volunteers, and are not required to join the Central Aid Agency beyond the requirements of the EMCOMM CERT program.

FAITH REQUIREMENT

- The EMCOMM CERT Program is open to all and is not directly part of the Central Aid Agency faith mission.

HOURS / ACTIVENESS REQUIREMENTS

- Personnel must maintain the minimum activeness standards required by their membership type.

PAYSCALE

- This is a volunteer position

BENEFITS

- No benefits are currently offered for this position

HYGIENE AND APPEARANCE REQUIREMENTS

Type 5

- No specific requirement, but personal hygiene and appearance must be functional for disaster response type activities.
- Personnel must keep good personal hygiene.

UNIFORM

- EMCOMM CERT personnel must wear at minimum red EMCOMM CERT T-shirt for all official activities.
- EMCOMM CERT personnel must wear reflective EMCOMM CERT vest while operating in the field.
- Other than vest and T-shirt, EMCOMM CERT's may wear clothing of their choosing. Clothing must be appropriate for disaster response type activities.
- Full uniforms may be authorized and worn for some events.

EQUIPMENT

- Equipment personally purchased by EMCOMM CERT personnel is their property and they may keep it upon leaving the program (Including the initial 2 Red T-shirts and chest insignia).
- All other equipment is issued by the program to the EMCOMM CERT and must be returned upon leaving the program.

DESCRIPTION OF SELECTION PROCESS

- Application & payment of one time apparel fee.
- Approval by EMCOMM CERT administrators.
- Attend EMCOMM CERT Meetings and Training.
- Complete ham radio certification to at least Technician level (if not already certified).
- Attend and pass Basic CERT training.
  Attend and pass Basic EMCOMM training as assigned.
- Complete ICS 100, 200, and 700 within 3 months of completing Basic CERT Training.
- Achieve Deployment Status.
- Assignment to EMCOMM CERT unit.

ELIGIBILITY

- **This role is open to Non-Rated personnel only.**
- **RATED PERSONNEL MUST JOIN EMCOMM OR IMOS TO PARTICIPATE IN THE EMCOMM CERT PROGRAM.**
- EMCOMM CERT 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 CERT 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 Background Check Form (Attached).
- Must get ham radio licensed (Technician or above) within 6 months of joining the program (if not certified).

ABILITY/BACKGROUND:

- Must be comfortable in the presence of death and/or corpses.
- Must be comfortable facing and overcoming difficult physical challenges.
- Must be comfortable wearing a full uniform.
- Must be comfortable operating during stressful situations.
- Must be willing to meet the scheduling and training requirements of the unit.
- Must be comfortable around blood, first aid and/or medical emergencies.
- Must understand that deployments can happen at any time, with little or no prior notice.
- Must be comfortable operating outside usual comfort zones.
- Must be comfortable operating as part of a team and within the confines of a highly organized unit.

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. I understand that the CENTRAL AID AGENCY is not responsible or liable for damage, destruction, or injury to personally owned property; including clothing, vehicles, equipment, animals, or otherwise, that are voluntarily used in the course of official duties. And that replacement or repair of such items is up to the sole discretion of the CENTRAL AID AGENCY.

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. The parties to this Agreement realize that the Central Aid Agency provides special and essential services to the community, and that for this and other humanitarian reasons, it is the intent of the parties to settle disputes by the grievance procedure provided for herein. It is, therefore, agreed that during the term of this Agreement, there shall be no strikes, including any sympathy strikes, work stoppages, picketing, hand-billing, walkouts, slowdowns, boycotts or any other activity that interrupts or impedes work, or the delivery of goods, services or otherwise to the Central Aid Agency. No one shall authorize, instigate, aid or condone such activity. In the event of any such activity, the Central Aid Agency may do everything within its power to end or avert the same. Any personnel participating in any of the activities referred to above, including the refusal to cross a picket line posted by any other labor organization or any other party, shall be subject to immediate dismissal, permanent replacement, or lesser discipline, at the discretion of the Central Aid Agency.

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 discipline or 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

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 though various sources including, but not limited to: LEDS, 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.

UNIFORM SIZING AND OPTIONS			
Your Height:			
X	**Uniform Item & Options**	**Preferred Size**	**Your Measurements (Inches)**
Head / Hat			
Jacket			
Top			
			(Chest AND Arm Length)
T-Shirt			
X	CERT T-Shirt, Red (x2)		
Belt			
Pants			
			(Waist AND Inseam)
Boots			
			N/A
Equipment			
Insignia			
NOTE: Please include BOTH Size (Sm / Md / Lg / XL etc.) AND Inch Measurements.			
NOTES / COMMENTS			

PLEASE NOTE:
APPLICATIONS TURNED IN WITHOUT UNIFORM SIZING INFORMATION CORRECTLY FILLED OUT WILL BE REJECTED!

APPLICATION	
LAST NAME	FIRST NAME
DATE OF BIRTH	LEGAL GENDER
	☐ Male ☐ Female ☐ Other
CONTACT PHONE	CONTACT EMAIL
SIGNATURE	DATE
BELOW FOR C.A.A. PERSONNEL APPLICANTS ONLY	
CURRENT COMMAND OR BRANCH	CURRENT UNIT
CURRENT COMMANDING OFFICER	YOUR C.A.A. ID NUMBER
BELOW FOR AUTHORIZING OFFICER ONLY	
APPLICATION APPROVED	DATE
☐ Yes ☐ No ☐ Hold	
SIGNATURE	ID NUMBER

ASSIGNMENT ORDERS

(FILLED OUT BY FILING OFFICER)

☐ New Assignment	☐ Transfer	☐ Re-Assignment	☐ Attachment	☐ Change Duty Status

Name (Last, First)	**Number**

PREVIOUS ASSIGNMENT ☐ **Check if none**

COMMAND
UNIT

NEW ASSIGNMENT

COMMAND ☐ **Check if same as above**

UNIT ☐ **Check if same as above**

DATE END PREVIOUS	**DATE START NEW**

☐ **Check if all below remaining unchanged**

PREVIOUS SECURITY CLEARANCE	**NEW SECURITY CLEARANCE**

PREVIOUS RANK	**RSD#**	**NEW RANK**	**RSD#**

PREVIOUS DUTY STATUS	**NEW DUTY STATUS**

COMMENTS

AUTHORIZING OFFICER	**DATE**
NUMBER	