

CENTRAL AID AGENCY

RATED MEMBERSHIP APPLICATION

General Information

This is a Cadet Application: Yes No

PLEASE READ AND INITIAL

I understand that I will be Held accountable to the C.A.A. Code of Conduct and any and all rules and regulations therein. _____

I understand that the C.A.A. is a faith-based organization and that Christianity is the central focus of our organization. _____

I understand that the C.A.A. regulates grooming and appearance, including tattoos and piercings; I certify that I will follow these regulations and conform to these standards for as long as I am in the service of this organization. _____

I understand that the C.A.A. is a uniformed organization, uses a military style structure, and is guided by policies and regulations; I certify that I will conform my personal conduct and behavior to this system for as long as I am in the service of this organization. _____

I certify that the information on this form is truthful and accurate, and that any issues that could affect my service in the C.A.A. have been reported to my Authorizing Officer. _____

Legal Name: _____

(Last, First, Middle)

Preferred Name: _____

Date of Birth: _____

Height: _____

Weight: _____

Eye Color: _____

Hair Color: _____

Main Hand: Right Left Ambidextrous

Legal Gender: Male Female Other

Preferred T-shirt Size: _____

Driver's License #: _____

State Issued in: _____

What languages can you speak: _____

Do you have any prior experience, including military, search and rescue, law enforcement, or any other service oriented profession (including volunteer)?

If yes, list below: Y N

Attach separate sheet if needed

Contact Information	Criminal History
<p>Address: _____</p> <p>City: _____</p> <p>State/Province: _____</p> <p>Country: _____</p> <p>Postal Zip Code: _____</p> <p>Phone Number: _____</p> <p>Work Phone: (_____) _____ (If applicable)</p> <p>Cell Number: (_____) _____</p> <p>Email: _____ (Primary Email)</p>	<p>Have you ever been arrested, convicted of any crime, or received a major traffic citation? [] Yes [] No</p> <p>If yes, list charges: _____ _____</p> <p>If yes, when did this happen? _____ (Date)</p> <p>If yes, where did this happen? _____ _____</p> <p>List further details here if necessary:</p>

Health Information (Fill in as much as possible)	Employment Information
<p>Blood Type: _____</p> <p>Allergies: _____</p> <p>Notable Health Issues: _____ _____</p> <p>Attach separate sheet to back for more room if needed</p> <p>Are you currently taking any medications? [] Yes [] No</p> <p>If yes, for what? _____</p> <p>Who is your primary healthcare provider? _____ (If none leave below blank)</p> <p>_____</p> <p>Name of Doctor: _____</p> <p>Phone number: _____</p> <p>Email: _____</p>	<p>Are you currently employed: [] Yes [] No (If no, leave below blank)</p> <p>If yes, who is your employer: _____ _____</p> <p>Address of Employer: _____ _____</p> <p>City: _____</p> <p>State/Province: _____</p> <p>Country: _____</p> <p>Postal Zip Code: _____</p> <p>Employer's Phone Number: _____ _____</p> <p>Employer's Email: _____ (If applicable)</p>

Emergency Contacts Information

(Can be parents or guardians)

Contact 1:

Name: _____

Relation: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Email Address: _____

Contact 3:

Name: _____

Relation: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Email Address: _____

Contact 2:

Name: _____

Relation: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Email Address: _____

C.A.A. Assignment Information

(Completed by Authorizing / Filing Officer)

Initial Serial Number	
Rating	
Rank Grade	
Starting Rank	
Rank System	
Command	
Unit	
Date of Authorization	
Sector of Recruitment	
Recruited by	
App. Approved?	[] Yes [] No
Authorized by	
Filed by	

APPAREL FEES

(YOU MAY PURCHASE ADDITIONAL SHIRTS AT ANY TIME)

Type	Cost	What You Get
Rated Volunteer (All Types)	\$55	1 Set of Chest Insignia 2 Green FBSU T-shirts

APPAREL FEES CAN BE PAID ONLINE OR IN PERSON

Apparel Fees MUST be paid before you can be sworn in and receive an assignment

CENTRAL AID AGENCY

Liability & Legal Release Form

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

RECRUIT 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 and Code of Conduct 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. 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: _____
RECRUIT SIGNATURE

FOR CADETS 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

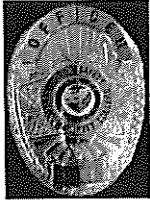
Process for new members:

1. Application submission, payment of apparel fees, and application approval. Upgrade to Recruit status and receive Class D uniform T-shirts.
2. Recruit is sworn in, begin three (3) month initial probation period.
3. Selection of a Primary Duty Assignment. Submission and acceptance of related application.
4. Completion of any prerequisites related to the chosen Primary Duty Assignment.
5. Assignment to a unit, issuing of initial minimum unit equipment.
6. Completion of three (3) month initial probation, issuing of remaining unit equipment.
7. Completion of any unit/role specific required training and/or probation period(s), attain full active/Deployable status.

Are you interested in joining a particular Command or Unit?

(List all that apply)

Notes / Details (Any information ran out of room for anywhere above):



**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.