

**Willmar Police Department
Community Emergency Response Team (CERT)**

Community Emergency Response Team (CERT) Application

Name (first, middle, last) _____

Address: _____

City: _____ State _____ Zip Code _____

Cell Phone: (____) _____ Secondary Phone: (____) _____

Date of Birth: ____/____/____ Sex: _____

Driver's License No: _____ State: _____

Email Address: _____

Emergency Contact:

Name: _____ Phone: _____

Address: _____

City State Zip

Relationship: _____

Prior Volunteer Experience: _____

Special Skills/Training: _____

Are you a licensed amateur radio operator? _____ Call sign: _____ Class: _____

Are you a licensed: Medical Dr. _____ DVM _____ RN _____ LPN _____ Paramedic _____ EMT _____

How did you find out about CERT? _____

Any medical conditions or physical disabilities we need to be aware of, if so, please list:

WORK EXPERIENCE: Are you presently employed? (Check as many as apply)

_____ Full-Time _____ Part-Time _____ Unemployed _____ Retired _____ Student _____

Current Employer:

Name: _____

Address: _____

Phone No. (_____) _____ Job Title: _____

Do you have transportation to and from your volunteer assignment? _____ Yes _____ No

Fluent Languages (other than English):

Language _____ Language _____

Read _____ Speak _____ Write _____ Read _____ Speak _____ Write _____

Have you ever been convicted and/or placed on probation for any criminal offense? _____ Yes _____ No

If yes, provide dates and detailed information below (include minor offenses).

NOTE: A "Yes" answer on the above questions will not automatically disqualify you.

CONDITIONS:

I fully understand, acknowledge, and agree to the following:

The program is under no obligation to accept all interested volunteers.

Any or all of the following may be required before placement in any sensitive volunteer position:

- a. Background Investigation
- b. Photograph
- c. Fingerprinting

All statements made in this application are true and authorization is given to investigate all matters contained in the application.

Any false statement or misrepresentation on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement.

Signature of Volunteer Applicant: _____ Date: _____

Office Use Only	
Date Rcvd _____	
Approved _____	
Background _____	
Certified _____	
Database _____	

LIABILITY, INSURANCE, BACKGROUND CHECK AND RELEASES

Credentials Check: I hereby consent to the disclosure, inspection, and copying of information and documents relating to my licensure, certifications, credentials and qualifications for the purpose of evaluating this application.

Background Check: I authorize the Willmar Police Department or other law enforcement agency to conduct a background investigation, including a check of criminal records and other information that may be of a confidential or privileged nature. I authorize the use of a copy, electronic/email submission or facsimile of this form to be considered the same as the original for the purpose of the background investigation or credentials check.

Release of Liability: I hereby request authorization to participate in one or more of the Willmar Police Department volunteer programs. I understand that training and volunteer activities will involve physical activities, which include a risk of personal injury and/or personal property damage, and I make this request with full knowledge of these risks. I agree to hold the City of Willmar, Kandiyohi County, CERT, and its local, state, and national directors and their agents, volunteers and personnel, harmless from any and all claims, actions, suits and/or injury that may arise from my participation in the above mentioned programs.

Insurance: I certify that I am able to perform the volunteer assignment(s) that I am applying for and will disclose any medical conditions that may affect my safety, the safety of others, or my ability to perform my duties. No insurance coverage is offered by the program.

At-Will Status: I agree to follow all procedures and safety rules and to exercise reasonable care while participating in the volunteer program. I understand that I am unpaid, at-will volunteer, without vested property rights in my position as a citizen volunteer and I may be administratively removed/released at any time without cause and without right of appeal. If I am released all program identification cards and other equipment, clothing, etc. provided by the program must be surrendered immediately.

Photographs: I authorize the use of any photograph taken in connection with my participation in the program without prior approval or compensation by local, state, and/or national program representatives or their affiliates.

Contact Information: My phone numbers, email address, and/or other contact information may be entered into recordkeeping and automatic notification systems for program management and emergency call-out purposes.

By executing this form, I certify that I have read this release in its entirety, understand all of its terms, and have had questions regarding the release or its effect answered. I understand that my submission of this form, whether mailed, sent electronically via email, or faxed, shall have the same force and effect as an original. I sign this release freely and voluntarily.

Signature: _____

Date: _____