# Newport Beach Fire Department
# Community Emergency Response Team
# CERT Application

CERT Session Preference:
__Spring 2014 (T/TH)
__Spring 2014 (Sat.)
__Spring 2014 (TH day)

## Personal Data

| | | | |
|---|---|---|---|
| LAST NAME FIRST M.I. | | CA DRIVERS # | |
| ADDRESS STREET APT. # | | DATE OF BIRTH | PLACE OF BIRTH |
| CITY STATE ZIP | | PART OF A ASSOCIATION ? WHICH ONE ? | |
| HOME TELEPHONE | PAGER | SEX | HAIR COLOR / EYE COLOR |
| EMAIL | CELLULAR | HEIGHT | WEIGHT |

## Emergency Notification

| | |
|---|---|
| NAME | |
| PHONE | ADDRESS |

## Employment Data

| | | |
|---|---|---|
| EMPLOYER | HOW LONG | OCCUPATION |
| ADDRESS | TYPE OF WORK PERFORMED | |
| CITY | TELEPHONE | FAX |

## Military

| | | |
|---|---|---|
| BRANCH OF SERVICE | FROM | TO |
| HIGHEST RANK ATTAINED | TYPE OF DISCHARGE | |
| SPECIAL TRAINING OR EXPERIENCE | | |

## Special Training

| | |
|---|---|
| FIRST AID : (CIRCLE ONE) NONE BASIC INTERMEDIATE ADVANCED | DATE OF LAST FIRST AID TRAINING |
| CPR : ☐ YES ☐ NO | DATE OF LAST CPR TRAINING |
| LANGUAGES SPOKEN OTHER THAN ENGLISH | |
| OTHER TRAINING | |

## Office Use Only

| | | |
|---|---|---|
| DATE APPLICATION RECEIVED | DATE ID CARD ISSUED | DISASTER SERVICE WORKER NUMBER |
| | | EMERGENCY SERVICES COORDINATOR |

CONTINUE ON BACK …

Have you ever plead “guilty”, “no contest,” or have you ever been convicted of any other criminal offense, other than a minor traffic violation? ..... Yes No

If you answered yes to the above question, please indicate what, when and where was the disposition of the offense.

Are you currently out on bail or on your own recognizance pending trail for a recent arrest?..... Yes No

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSITUTE AN AUTOMATIC BAR. Eligibility for consideration will be based on the nature of the offense and the duties and responsibilities of the program for which you are applying. Omit convictions more than two years old for violations of Cal. Health & Safety Code Section 11357(b) or (a), 11360 (c), 11364, 11365 or 11550 as they relate to marijuana before January 1, 1976, and their statutory predecessors.

## Agreement

1. I will never act unprofessionally while representing the City of Newport Beach or perform any conduct which would bring discredit upon the CERT Organization.

2. I will never use or attempt to use the City of Newport Beach CERT insignia, decal, plaques, stickers or city issued equipment or any article giving reference to membership in Newport Beach CERT to influence any city employee, police or fire official during a non-emergency situation.

3. I will provide no false or misleading information on this CERT application.

4. I will never be insubordinate to CERT management or city officials during any event, disaster or drill except when compliance with orders would be criminal in nature or would endanger any person or property.

5. I will always treat my fellow CERT members, city officials, city employees, the public, and disaster victims with respect and dignity.

I will follow the CERT rules as stated.

I hereby apply for membership in the City of Newport Beach CERT organization and authorize a law enforcement agency background check. I understand that any falsification of this document will result in immediate suspension of membership in the CERT organization.

Signature: _____ Date : _____

Return this application to:

**Newport Beach Fire Department CERT Program**
**100 Civic Center Drive**
**Newport Beach, CA 92663**
**(949) 644-311**

# City of Newport Beach
# Emergency Services Office
## Liability Contract

The undersigned, being at least eighteen years of age, and in consideration for acceptance, approval and participation in the Community Emergency Response Team (CERT) Program, sponsored by the City of Newport Beach, Fire Department, do hereby agree to this wavier and release.

I recognize that the Community Emergency Response Team (CERT) Program will involve physical labor and may carry a risk of personal injury. I further recognize that there are natural and manmade hazards, environmental conditions, diseases, and other risks, which in combination with my actions can cause injury to me. I hereby agree to assume all risks which may be associated with or may result from my participation in the program, including, but not limited to, transportation to and from volunteer sites, extinguishing small fires, providing disaster medical care, (e.g. controlling bleeding, treating shock, treating sprains and fractures, opening airways, transporting patients, etc.) performing light search and rescue activities (e.g. cribbing and leveraging, victim extrication transportation, etc.) and other similar activities.

I recognize that these program activities will involve physical activity and may cause physical and emotional discomfort. I state that I am free from any known heart, or other serious health problems that could prevent me from participating in any of the activities associated with this program. I further state that I am sufficiently physically fit to participate in the activities of this program.

**I recognize that if I am accepted for the program, I will be covered by the provisions of the Emergency Services Act in the California Government Code, during the time that I am performing approved volunteer activities. I specifically recognize that in accordance with this act, workers compensation and medical benefits shall be the exclusive remedy for any injury that I sustain in the course and scope of my approved participation in the program.**

In addition, I certify that I have medical insurance to cover the cost of any emergency or other medical care that I may receive for an illness or injury, that is outside of the program related medical coverage provided through workers compensation. I certify that if I do not have medical insurance, I will be personally responsible for the cost of any emergency or other medical care that I receive that is not covered under applicable workers compensation benefits. I agree to release the City of Newport Beach, its agencies, departments, officers, employees, agents, and all sponsors and/or officials and staff from any said entity or person, their representatives, agents, affiliates, directors, servants, volunteers, and employees from any and all liability for the cost of any medical care that I receive while participating in this program or as a result of it.

I further agree to release the City of Newport Beach, its agencies, departments, officers, employees, agents, (entity and persons as appropriate) and all sponsors and/or officials and staff of any said entity or person, their representatives, agents, affiliates, directors, servants, volunteers and employees from any and all liability, claims, demands, actions, and causes of actions whatsoever for any loss claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of any and all activities associated with the aforementioned activities. I further agree to hold harmless, and hereby release the above mentioned entities and persons from all liability, negligence, or breach of warranty associated with injuries or damages from any claim by me, my family, estate, heirs, or assigns from or in any way connected with the aforementioned activities.

Photo Release: I understand that from time to time Fire department representatives may photograph CERT activities and participants. By signing this form, I authorize the City of Newport Beach to use or publish any photographs taken by the City showing my participation to promote the program on the City web-site or for future publications.

CONSENT
Consent is expressly given, in the event of injury, for any emergency medical aid, anesthesia, and/or operation, if in the opinion of the attending physician, such treatment is necessary.

I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THE FOREGOING LANGUAGE AND I SPECIFICALLY INTEND IT TO COVER ANY PARTICIPATION IN THE COMMUNITY EMERGENCY RESPONSE TEAM PROGRAM SPONSORED BY THE CITY OF NEWPORT BEACH.

NAME _____ DATE _____

SIGNATURE _____