

WEST HAVEN CITY VOLUNTEER APPLICATION

I hereby certify that I have read and fully understand the information presented in the West Haven City Community Emergency Response Team (CERT) Operating Manual.

I acknowledge that in my decision to respond to an emergency or disaster within West Haven City, I will obey all federal, state, and local laws while functioning as a CERT member. I will follow the directions of the emergency response agency and supervisor appointed over me. In the event that I respond to an emergency situation without direction from the emergency response agency or supervisor, I will perform my duties, including making decisions as to the necessity of providing emergency services, in a prudent and reasonable manner at all times.

I recognize all work performed under this agreement will be non compensable; except for pre-approved compensation for actual expenses. I understand that either West Haven City or I may cancel this agreement at any time by notifying the other party.

I declare, to the best of my knowledge, I am in good physical and mental health. I recognize the activities I might perform may be physically and/or mentally demanding. I understand that if I am injured or involved in an accident while providing volunteer services to West Haven City, West Haven City's worker's compensation carrier will only pay the actual and necessary medical expenses I incur in the treatment of the injury. Other expenses, such as lost work time, equipment, clothing, etc. will not be covered by worker's compensation insurance.

I give West Haven City permission to add my name, address, phone numbers, and email to the City CERT database. I authorize the City to use and share my contact information with other CERT members and other city or county emergency responders as appropriate. I give permission for free use of my name, voice, and picture in any media coverage of my volunteer services.

I declare and certify all representations and statements made in this application are true and correct. I give West Haven City permission to perform a criminal record check or other background investigation. I release from liability all persons responding to inquiries in connection with my application.

By executing this application, I hereby volunteer my services and request to join the West Haven CERT Program and become an official West Haven City volunteer.

CONTACT INFORMATION

Name: _____

Address: _____ Birth Date: _____

Email: _____ Driver's License # _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact:

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Are you a licensed HAM radio operator? Yes _____ No _____ Call Sign _____

Have you ever been convicted of a felony? Yes _____ No _____

How long have you lived in Weber County? _____ List any special skills _____

Printed CERT Applicant name Date

Signature of CERT Applicant Date

Emergency Manager Approval Date