

**ROCKDALE COUNTY FIRE RESCUE—COMMUNITY
EMERGENCY RESPONSE TEAM**

Dear Applicant,

I would like to take this opportunity to thank you for your interest in the Community Emergency Response Team. The CERT Program is presented by the Rockdale County Fire-Rescue as part of its Community-Oriented Policing Services Program. I thank you for your willingness to give up your valuable time to participate in the program. I hope that the classes will be a rewarding and informative educational experience.

This program was designed to provide citizens with basic information about what to do in the first hours of an emergency. The ultimate objective is to establish and maintain an active CERT Program within our community through training and education.

After completion of this program, I hope you will use the information to help educate both your immediate family and the families within your neighborhood concerning emergency response preparedness. Your application for admission to the Community Emergency Response Team demonstrates your commitment to your community.

You will be contacted before the class begins and we will make every effort to keep you informed throughout the process. If due to unforeseen circumstances, you are unable to attend, please notify FPO Sharon Webb as soon as possible (770-231-4864).

Again, thank you for your interest in the Rockdale County Fire-Rescue's Community Emergency Response Team program.

Daniel S. Morgan,
Fire Chief

**ROCKDALE COUNTY FIRE-RESCUE-COMMUNITY EMERGENCY
RESPONSE TEAM PROGRAM IMPORTANT INFORMATION**

Please Note the following:

- 1. Please fill out the Application for Enrollment form in its entirety. Class members must be at least 18 years of age at the start of the program and a resident of the State of Georgia.**
- 2. All applicants will be subject to a criminal history check as a precondition to acceptance into the program. Return applications in person at the fire department's front desk, or mail to the Rockdale County Fire-Rescue, Conyers, Georgia 30012 (ATTN: FPO S.G. Webb).**
- 3. The Fire Chief has final approval of all applicants and reserves the right to deny entry to any applicant. Accepted applicants will be notified by mail and/or phone.**
- 4. The CERT program is free of charge to all members. Class size is limited to the first qualified twenty-five applicants.**
- 5. Dress for class is casual (no shorts, halters, etc.) Name badges will be provided and should be worn to class.**
- 6. Qualified applicants who are denied admission due to class size will be given first choice at the time the next class is scheduled.**
- 7. Waiver of Liability forms must be signed and submitted by the applicant with the completed application.**
- 8. Classes will be held in the fire department's training annex, located at 2150 Iris Drive (SW), Conyers, Georgia 30094.**
- 9. Classes will be held on**
- 10. Please contact Rockdale County Fire-Rescue at 770-278-8453 for any additional information.**

Students will receive more information at the first class session.



**ROCKDALE COUNTY FIRE-RESCUE
COMMUNITY EMERGENCY RESPONSE TEAM
APPLICATION FOR ENROLLMENT**

Name _____ Preferred Name _____

Address _____

(Please provide street address, P.O. Box not acceptable)

Phone Numbers: Home _____ Work _____

Cell _____ D.O.B. ____ / ____ / ____

Occupation _____ Employer _____

How long have you lived in Georgia? _____

How did you hear about the program? _____

Are you committed to attending all of the scheduled classes? () Yes () NO

Please list any special skills/training: _____

Have you ever been arrested for any offense other than minor traffic offenses?

() Yes () No If yes, please explain _____

Date _____ Location _____

Shirt Size (men's) circle one: S M L XL XXL XXXL

The Rockdale County Fire-Rescue will make reasonable efforts to assure all persons have access to any programs and services. If a disability requires special needs accommodations, please contact Rockdale County Fire-Rescue at (770) 278-8401.

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. Rockdale County Fire-Rescue is authorized to conduct any

investigation of my personal history information that is deemed necessary for consideration to participate or continued participation in the Community Emergency Response Team Program.

Signed _____ ***Date*** _____

For Official Use Only

Date/Time Received _____ / _____

Criminal History Check Date/Time _____ / _____

Fire Chief Approval _____

ROCKDALE COUNTY FIRE-RESCUE



WAIVER OF LIABILITY

Whereas, I

NAME

ADDRESS

HOME PHONE

WORK PHONE

Have made a voluntary request on my own initiative to participate in the Community Emergency Response Team with the Rockdale County Fire-Rescue, Conyers, Georgia;

Now, therefore in consideration of the County of Rockdale County allowing me to participate in the Community Emergency Response Team program and in consideration of the County of Rockdale County and the Rockdale County Fire-Rescue permitting me the use of its facilities, the validity, sufficiency, and receipt of which consideration is acknowledged, I do hereby, for myself, my heirs, executors, and administrators, remise, release and forever discharge the County of Rockdale County and the Rockdale County Fire-Rescue, its employees, officers, commissioned staff, representatives, instructors, Board of Directors, Training Committee Members, affiliates, and agents, acting officially or otherwise (hereinafter referred to as Rockdale County) from any and all claims, actions, demands, or causes of action, on account of my death or on account of my personal injury or damage to my personal property which may occur, regardless of whether or not said harm or injury occurs through the negligence, misfeasance, or malfeasance on the part of Rockdale County, or whether said harm or damage occurs through acts of a person not employed by Rockdale County.

I **ACKNOWLEDGE** that I understand that CERT training will involve active physical participation, which includes a potential risk of personal injury and/or personal property damage; and that I make the request to participate in the program with full knowledge of these risks. I **ASSUME THE RISK** of all injuries that may occur because of my participation in the Community Emergency Response Team program.

I **ACKNOWLEDGE** that my participation in the Community Emergency Response Team program and any continued educational training is strictly voluntary and does not grant employment rights, employee benefits, or a vested/liberty interest as an employee with the County of Rockdale County.

I **ACKNOWLEDGE** that my participation in the Community Emergency Response Team and any continued disaster educational training, may cause me to view possibly graphic and/or hazardous emergency photographs or scenes.

I **ACKNOWLEDGE** and **AGREE** to exercise reasonable care while participating in any of the Community Emergency Response Training program. I further acknowledge that I am solely responsible for any medical or other expenses resulting from accidents, injuries, or illnesses that I may incur or be exposed to because of my participation with the Community Emergency Response Team.

I **AGREE** to abide by all instructions given to me by the Rockdale County Fire-Rescue personnel and other instructors and safety officers while participating in the Community Emergency Response Team and I **UNDERSTAND** if I fail to follow the instructors rules/regulation, or if I fail to exercise reasonable care, I can be administratively removed from the program.

While participating in any Community Emergency Response Team training, I may gain access to information or documents of a sensitive nature, and/or information deemed confidential by the Rockdale County Fire-Rescue, the State of Georgia, or other entities. **I agree that I will not release ANY information, items obtained by me, or sensitive materials that I may become privy to in the course of my participation in the program.**

While participating in the Community Emergency Response Team, I agree to advise the program coordinator, immediately, of any interaction I may have with any law enforcement official involving a criminal investigation against me or my arrest.

I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS Rockdale County from and against any and all liability, loss, cost or expense (including attorneys' fees) arising from or in any manner connected with being permitted to participate in the Community Emergency Response Team program.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND BY SIGNING IT I VOLUNTARILY INTEND TO RELEASE AND INDEMNIFY, ROCKDALE COUNTY, GEORGIA FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY OR PROPERTY DAMAGE THAT RESULTS FROM MY PARTICIPATION IN THE COMMUNITY EMERGENCY RESPONSE TEAM PROGRAM.

DATE

SIGNATURE

WITNESS

THIS RELEASE MUST BE EXECUTED PRIOR TO PARTICIPATION IN THE COMMUNITY EMERGENCY RESPONSE TEAM PROGRAM.

**COMMUNITY EMERGENCY RESPONSE TEAM
ROCKDALE COUNTY FIRE-RESCUE
CONYERS, GEORGIA 30012**

AUTHORIZATION FOR RELEASE OF INFORMATION/CONSENT FORM

I hereby authorize the Rockdale County Fire-Rescue to obtain and/or receive a criminal history record pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia, in any other state, or in any other country.

The intent of this authorization is to give my consent for a full and complete disclosure of the following records and request that the custodian of such records/information permit my records to be examined, copied, transmitted, or otherwise reviewed:

Criminal History Record

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature. This release is executed with full knowledge and understanding that the information is for the official use of the Rockdale County Fire-Rescue's in determining my suitability to participate in the Community Emergency Response Team program.

I hereby waive and release any claims against any party, which I may have because of the release of any records or information referenced in this authorization. I acknowledge that no party shall have any liability to me as a result of complying with a request for such information and /or records.

I am furnishing my Social Security Number on a voluntary basis with the understanding that such is not required by federal statute or regulation. I have been advised that this number will be utilized only to facilitate the location of the above information/records concerning me in connection with this application. Should there be any questions as to the validity of this release you may contact me as indicated below.

Full name (print) _____ Signature _____
Drivers License number _____ State _____
Complete home address _____
Home phone number _____ Work phone number _____
Race _____ Sex _____ Social Security number _____
Date of Birth ____ / ____ / ____ Date _____

FOR OFFICIAL USE ONLY

Information verified by _____ Date _____

**** Return completed application to the address above, attention: FPO Sharon Webb ****

COMMUNITY EMERGENCY RESPONSE TEAM



ROCKDALE COUNTY FIRE-RESCUE
COMMUNITY EMERGENCY RESPONSE TEAM

LIKENESS WAIVER

Release and Waiver of Liability:

I am an adult over the age of 18 years (or the parent of a minor child). I authorize Rockdale County Fire-Rescue and Rockdale County to use my name and display my image and likeness (or the likeness of said minor child) on the Fire Department's website or media publications, brochures, broadcasts, telecasts or newspaper articles and social media. This authorization shall remain in effect until revoked by me in writing.

By offering my signature below, I acknowledge acceptance of this waiver and agree to allow the use of my (or minor child's) likeness from any photos or video taken that specifically involve activities related to Rockdale County Fire-Rescue's Community Emergency Response Team. I understand that the photos or video could be used to advertise and/or promote the Fire Department's community relations activities.

Authorizing Signature

Date

Printed Name

Witness