



**Northern Sonoma County
Community Emergency Response Team**
Cloverdale & Northern Sonoma County Fire Protection Districts

**Adult CERT - Training Application
Agreement and Informed Consent**

Registration

Last Name: _____ First Name: _____ MI: _____
Address: _____ City: _____ Zip: _____
Email: _____ Date of Birth: _____
Home Phone: () _____ Cell Phone: () _____
Sex: _____ Work Phone () _____
Driver's License No.: _____ Occupation: _____

I the undersigned agree to participate in the "Adult CERT Training Program." This program is a FEMA approved Community Emergency Response Training Program designed to target the adult population interested in disaster services and volunteerism. The Northern Sonoma County CERT Program is sponsored by the Northern Sonoma County Community Emergency Response Team (CERT) and Cloverdale and Northern Sonoma County Fire Protection Districts.

1. This program consists of multiple training modules that will be delivered to you.
2. CERT will provide knowledge based on an all hazard approach to mitigation, preparation, response, and recovery from a technical and natural disaster. CERT will build decision-making and problem-solving skills and strategies to help volunteers make informed decisions regarding readiness, response & recovery and mitigation efforts to reduce loss of life and property in a disaster.
3. CERT will provide volunteers with hands-on training using reality-driven drills and exercises.
4. Specially trained, primary responders will participate in the classroom lessons. The responders range from Adult CERT Trainers, Emergency Medical, Search and Rescue, Law Enforcement, Firefighting and Emergency Management Personnel.

As with all programs, there lies a slight risk of injury from hands-on participation.

I understand that any medical bills are my own responsibility. I agree to hold Northern Sonoma County Emergency Response Team (CERT), Cloverdale and Northern Sonoma County Fire Protection Districts, and other agency volunteers involved in this program harmless from all claims that might come from participation in this program.

I understand that I may be asked to participate in short, voluntary and confidential surveys during the program. Answers will be private, and the surveys will not record my name or any other identifying information. These forms will be completed in private. The purpose of these surveys is to evaluate your knowledge of disasters in a pre-post assessment of the program. This information is also needed to assure that programs such as this continue to be available in the community. You have a right to view the blank survey forms. If you do not wish to answer any or all the survey questions you need only to leave blank any question(s) you do not wish to answer.



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I understand that I am expected to attend all scheduled sessions. If needed, makeup classes can be schedule for a limited number of people and a limited number of modules but I understand that I might need to take the Basic Course again at a different time if I miss more than one module of instruction.

I understand that Northern Sonoma County CERT will provide staff members to supervise all program sessions, and that others may visit the program during any program session as observers.

Publicity

Photographs, or video tape recordings of participants involved in the Northern Sonoma County CERT Program may be used by staff for publications or advertising materials. In addition, local news organizations may hear of our activities and we would like to extend our invitation to photograph or record our activities. This consent includes, but is not limited to: photographs, videotape, and audio recordings.

This training is purely voluntary, and you may at any time opt out of the training without any repercussions.

This program has been reviewed and approved by Cloverdale Emergency Response Team, and Cloverdale and Northern Sonoma County Fire Protection Districts. If you have any questions regarding the approval process, please contact either Geoffrey Peters, CERT Program Manager (301-675-7741) or Chief Jason Jenkins, Cloverdale Fire Protection District (707-894-3545) or Chief Marshall Tuberville (707-857-4373).

I have read the above document and agree to the guidelines set forth in this document.

Signature

Date



Northern Sonoma County Community Emergency Response Team

Cloverdale and Northern Sonoma County Fire
Protection Districts

Your name: _____

Please list any law enforcement, fire services or disaster related training or experience you have:

Please list any special skills you have that might be relevant (e.g. heavy equipment operation, nursing or medical skills, search and rescue training, etc.)

Emergency Contact #1 _____ (Relationship)

Last Name: _____ First Name: _____ MI: _____

Phone Home: _____ Cell: _____ Business: _____

Emergency Contact #2 _____ (Relationship)

Last Name: _____ First Name: _____ MI: _____

Phone Home: _____ Cell: _____ Business: _____