

CERT Training Registration Form

Name:					
Address:	City	Zip	County		
Email		Phone			
Occupation		Retired? Yes	No		
Special Training					
Organizational Memberships					
Other Volunteer Services					
EMERGENCY CONTACT: Name:					
Address:	City	Zip	County		
Email		Phone			
Health Related Concerns				-	
Do You Consider Yourself Disabled? Yes _	No How _			_	
How did you find out about CERT?				_	
What motivates you to volunteer?					
CERT 98328 has my permission to use pho	otos of my volunte	er services for publi	c awareness and educat	ional purposes Yes	No
SOUTH PIERCE FIRE & RE The CERT training provided by when emergency services are not avail event of a major disaster. With training be better able to protect yourself and d NOTICE: All nine classes of th This training does not however, qualif South Pierce Fire & Rescue without for acceptance into the South Pierce Fire & main office located at 5403 340th St. E	y South Pierce Fi lable. It is provid g and practice, and to the greatest go e series must be fy anyone who harther training an & Rescue Suppose	re & Rescue cove ed to you for the s and by working with od for the greates completed in order as been through the didditional paper of Services Progra	soul purpose of helpin th others who have been t number in the time in er to receive a certificate the classes to respond we work, application and m. Applications are av	g you be better prepared en through the classes, y mmediately following a te of completion! vith, for, or as a voluntee I background check follower.	d in the you will disaster. er with owed by
				_	
Signature of applicant		Date	:		
Signature of Program Manager		Date	e	-	

HOLD HARMLESS/RELEASE OF LIABILITY/PERMISSION REQUEST

I, do hereb	y request permission to participate in the CERT 98328
Community Emergency Response Team Training Program	
Please initial each statement below:	
personal injury and/or personal property damage. I make	nermore, I have read and understand the program outline
{ } I agree to hold harmless any and all representative Rescue, their Agents, and personnel from any and all clawhich may arise as a result of my participation in the ab	aims, actions, suits, and/or all injury that I may suffer and
$\{\ \ \}$ I agree to follow the rules established by the instructive CERT 98328 program.	uctors, and exercise reasonable care while participating in
{ } I understand that if I fail to follow the instructor's reasonable care, I can be administratively removed from	
{ } By executing this release I certify that I have read t and have had all of my questions and concerns regarding	this release in its entirety and understand all of its terms g this release and/or its effect satisfactorily answered.
{ } I Sign this release freely and voluntarily.	
SIGNATURE of Participant:	DATE:
SIGNATURE of Program Manager:	DATE: