



CERT VOLUNTEER REGISTRATION FORM



Name: _____ Date of Birth: _____

Home Address: _____ Phone (cell): _____

Mailing Address: _____ Phone (home): _____

City: _____ State: _____ Zip: _____ Phone (work): _____

Business / Occupation: _____ Training Session: _____

List Any Special Skills / Training: _____

E-mail Address: _____ HAM Radio ID: _____

Emergency Contact Information

Name: _____ Relation: _____ Phone #: _____

Training Previously Completed:

- CERT Basic Training
- CPR
- First Aid
- IS-100 Introduction to Incident Command System
- IS-200 ICS for Single Resources and Initial Action Incidents
- IS-315 CERT and the Incident Command System
- IS-317 Introduction to CERT
- IS-700 National Incident Management System
- IS-800 National Response Framework, An Introduction
- Other:

Ashland Fire & Rescue will provide all training necessary at no cost to you.

Personal supplies may need to be purchased by the volunteer.

Disclaimer: Ashland residents, Ashland full-time employees, and SOU credit seeking students have priority when registering. We will do our best to inform you 2 weeks prior if we cannot accommodate you in the training.

Please return this form to:

**Ashland Fire & Rescue
455 Siskiyou Blvd
Ashland, OR 97520**

Email - cert@ashland.or.us

Phone - 541-552-2226

Fax - 541-488-5318

FOR OFFICE USE ONLY

Waiver Signed: Y N

Equipment Issue Date: Student Manual: _____ I.D. Badge: _____

_____ Helmet: _____ Vest: _____

Database number: _____ Member number: _____



ASHLAND FIRE & RESCUE
COMMUNITY EMERGENCY RESPONSE TEAM

Volunteer Training and Participation Waiver

The volunteer signing below acknowledges and agrees to the following:

- 1.) The City of Ashland, by and through its Fire & Rescue Department, has organized a program for the training of volunteer Community Emergency Response Team (CERT) members.
2.) The training program may take place in both indoor and outdoor settings.
3.) While participating in CERT training, volunteers may face dangers from fire equipment malfunction or misuse; being injured by other volunteers and participants during an event; variable weather conditions; irregular and natural terrain and simulated emergency conditions.
4.) Volunteers have the right to choose not to do any activity, although they will be encouraged by instructors, team leaders, and other volunteers and participants to attempt or complete the activities.
5.) Ashland Fire & Rescue personnel, instructors and assistants will do their best to help make this a positive experience that will emphasize teamwork, cooperation, and community service in overcoming difficult emergency situations and will provide volunteers with the opportunity to learn more about how their efforts can help aid and protect lives and property in times of disaster or other emergencies.

THE VOLUNTEER SIGNING BELOW FULLY REALIZES THE DANGERS AND RISKS OF PARTICIPATING IN A PROGRAM OF THIS TYPE. DESPITE THESE POTENTIAL DANGERS AND RISKS, VOLUNTEER AGREES TO ALL RISKS ASSOCIATED WITH SUCH PARTICIPATION.

In consideration for the acceptance of the volunteer's application for participation in the CERT training program, THE VOLUNTEER RELEASES FOR THE VOLUNTEER, THE VOLUNTEER'S HEIRS AND ASSIGNS, THE CITY OF ASHLAND, ASHLAND FIRE & RESCUE AND THEIR OFFICERS, EMPLOYEES AND AGENTS, FROM ALL CLAIMS OR INJURIES SUSTAINED TO PERSON OR PROPERTY RESULTING FROM PARTICIPATION IN THE CERT PROGRAM OR TRAINING AND AGREE TO DEFEND, INDEMNIFY AND SAVE CITY, ASHLAND FIRE & RESCUE, THEIR OFFICERS, EMPLOYEES AND AGENTS HARMLESS FROM ANY AND ALL CLAIMS, COSTS AND DAMAGES RESULTING FROM INJURY TO ANY PERSON OR DAMAGE TO PROPERTY, OF WHATSOEVER NATURE ARISING OUT OF OR INCIDENT TO THE CERT PROGRAM. THIS RELEASE IS INTENDED TO APPLY TO THE ENTITIES AND PERSONS DESCRIBED IN THIS DOCUMENT EVEN THOUGH LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THE PERSONS OR ENTITIES RELEASED.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FOR NEGLIGENCE AND A CONTRACT BETWEEN MYSELF AND CITY OF ASHLAND, AND I SIGN IT VOLUNTARILY AND OF MY OWN FREE WILL.

Signature of Volunteer: _____ Date: _____

Printed Name of Volunteer: _____

If volunteer is under the age of 18, a parent or legal guardian must also sign:

Signature of parent or legal guardian: _____ Date: _____

Printed Name of parent or guardian: _____ Phone: _____