

# Lake Royale Community Emergency Response Team (CERT)

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 Lake Royale Police Department as part of its volunteer program. I thank you for your willingness to give up your valuable time to participate in the program.

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 friends within your neighborhoods and schools, concerning emergency preparedness. Your application for admission to the Community Emergency Response Team demonstrates

your commitment to your community.

Basic Training dates and activities will be posted on the Lake Royale CERT website.

Again, thank you for your interest in the Lake Royale Community Emergency Response Team program.



# IMPORTANT INFORMATION

1. **Please fill out the CERT application in its entirety.** The Application consists of three forms: Application for Enrollment, Waiver of Liability, and Likeness Waiver, All forms must be signed by the applicant or their parent/legal guardian. Completing and signing the Likeness Waiver is optional.
2. **Prospective candidates must be at least 13 years of age** at the time of registration and be a resident of the State of North Carolina.
3. **Lake Royale CERT has final approval of all applicants and reserves the right to deny entry to any applicant.** Accepted applicants will be notified by email and/or phone.
4. **The CERT program is free of charge to all members**
5. Classes will be held in coordination with the schedule provided by North Carolina Emergency Management.



**APPLICATION FOR ENROLLMENT**

**Personal Information**

Name Preferred Name/Nickname Date of Birth / / Address

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

## Provide at least one e-mail address we can use to send information to you:

Primary Email: @ Second Email: @

## Youth:

**Where are you attending school?**

## Do you speak a language other than English? YES NO

If YES, please specify:



**APPLICATION FOR ENROLLMENT**

**Medical Information**

**Allergies:** Food Medicine Other (insect bites, grass, etc.)

**Do you carry medicine for allergies? \_\_\_** YES \_\_\_\_ NO

If YES, please specify

## Is there any physical (such as arm/back/leg injuries) or medical condition (such as asthma, high/low blood sugar, bleeding disorders, seizures, balance issues/vertigo, etc.) that limits your physical activity or that your CERT Instructors need to know in case you need medical assistance?\_\_ YES \_\_\_NO

If YES, please specify

## Do you carry medicine for this medical condition? \_\_\_ YES \_\_\_ NO

If YES, please specify

*\*\*\* If you carry rescue medication, such as an inhaler or Epi-pen, please make sure it is readily accessible to you and inform a CERT Team you have such medication so we can assist you in the event you need to use it.\*\*\**

Reasonable efforts to assure all persons have access to any programs and services. If a disability requires special needs accommodations, please contact LR CERT at: lakeroyalecert@gmail.com



# APPLICATION FOR ENROLLMENT

Name (Please print)

**Parent/Guardian Information and Relationship (for minors)** Parent/Guardian Name Home Address

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

Phone Numbers/Contact Information:

Home ( ) Work ( )

Cell ( ) E-mail Occupation Employer

## Alternate Contact Person (In Case of Emergency)

Name Relationship Phone Numbers:

Home ( ) Work ( )

*I hereby certify that the information contained in this application is true and correct to the best of my knowledge.*

Applicant Signature Date



# APPLICATION FOR ENROLLMENT

**WAIVER OF LIABILITY**

I, \_ Name of Participant

 \_ Home Address

( \_) ( \_)

Home Phone Cell Phone

am a willing and voluntary participant in the Community Emergency Response Team (CERT). I understand that there are inherent risks involved in my participation in CERT and that there will be some physical activity required as part of the program.

Based on my understanding and acceptance of the risks involved in volunteering and in consideration of granting my application to be a volunteer and to participate in CERT, I and anyone authorized to act on my behalf, including my successors, assigns, executors, and heirs do hereby unconditionally release, discharge, and hold harmless Lake Royale PD, and any of its officers, officials, agents, attorney, and employees from any and all liability, loss, costs, damages, fees and expenses (including attorney’s fees) as a result of any claim, suit, claims settlement, award, or judgment because of loss, damage, harm, or injury to any person, property or right arising out of or related to my participation in CERT training.

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 CERT program.

I **ACKNOWLEDGE** that my participation in the CERT program and any continued educational training is strictly voluntary. I further acknowledge that I am not an employee of Lake Royale PD and I am not entitled to any employment rights or employee benefits.

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

I **AGREE** to abide by all instructions given to me by the Lake Royale PD personnel and other instructors and safety officers while participating in the Community Emergency Response Team and **I UNDERSTAND** if I fail to follow 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 operations, I may gain access to information or documents of a sensitive nature, and/or information deemed confidential by Emergency Management 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.

Signature of Applicant Date

Signature of Parent/Legal Guardian (if applicable) Date

Witness Date

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

**THANK YOU FOR YOUR WILLINGNESS TO PARTICIPATE!**



**APPLICATION FOR ENROLLMENT LIKENESS WAIVER**

**Release and Waiver of Liability**

I authorize Lake Royale PD and local County Emergency Management to use my name and display my image/my child’s image and likeness, on websites or media publications, brochures, broadcasts, telecasts or newspaper articles with regard to CERT.

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 said minor child’s likeness from any photos or video taken that specifically involve activities related to the Lake Royale PD, County Emergency Management Agencies and/or the Community Emergency Response Team.

I understand that the photos or video could be used to advertise and promote Lake Royale, Lake Royale PD and County Emergency Management’s community relations activities.

Participant or Parent/Legal Guardian Name *(please print)*

Witness Signature Date

Witness Name *(please print)*

Minor Child’s Name (if applicable)

Participant or Parent/Legal Guardian Authorizing Signature Date