



Department of Public Safety

MONROE COMMUNITY COLLEGE COMMUNITY EMERGENCY RESPONSE TEAM APPLICATION

Your information is being collected solely for use by Monroe Community College with regards to the MCC Community Emergency Response Team (CERT) program application process. Your information will not be shared or used by any external entity unless prior permission is given.

Applicant Information

Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Home/Office Phone: _____

Cell Phone: _____

E-Mail Address: _____

College Department: _____

Office Location: _____

Do you currently serve as a MCC CERT Team member: Yes No

If so, have you successfully completed CERT program training: Yes No

If accepted, are you willing to complete mandatory CERT
program training: Yes No

Are you willing to serve as a Deputy CERT Team Manager: Yes No

Are you willing to serve as a CERT Team Squadron Leader: Yes No

Please identify any previous relevant CERT program training and CERT program instructor certifications you have achieved:

Program/Course	Date of Issue	Expiration Date

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Please identify any accommodations you may require during training or deployment as an MCC CERT Team member (wheelchair accessibility, sign language interpreter, dietary restrictions, physical restrictions):

Applicant Signature:

I affirm that all information provided and contained therein is true and correct to the best of my knowledge.

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Applicant Name: _____

Date Application Received: _____

Date Legal Waiver Signed: _____

Status: Accepted Rejected

Applicant Status Notification Date: _____

In-Service Date: _____

MONROE COMMUNITY COLLEGE CERT WAIVER OF LIABILITY

The CERT training program and related activation activities involve physical activity and subject matter that may cause injury and/or emotional distress. CERT participants learn about topics including but not limited to disaster preparedness, light search and rescue, fire safety, and disaster medical operations. The activities associated with these topics (during both training and activation) may pose physical risks, including interaction with damaged buildings and infrastructure, and may also involve exposure to diseases and/or cause emotional distress. CERT training includes protective measures, and all CERT participants and volunteers should be concerned first about safety. However, no precautions can protect against all potential risks.

While participating in CERT activities, you may face the risk of personal injury, illness, emotional strain, death, or damage or loss of personal property. By signing the below waiver, you acknowledge understanding of these risks and release the MCC CERT program, Monroe Community College, the County of Monroe, and any associated parties from any liability related to the CERT program.

By signing below, you also acknowledge that you have health insurance to cover any injuries or illnesses that you may sustain while involved in CERT activities. If you do not have health insurance, you acknowledge that you are solely responsible for covering any costs incurred in relation to any injuries or illnesses sustained while involved in CERT activities. You also grant permission for Monroe Community College personnel to acquire medical assistance for you, should you need it in the course of CERT training or activation, and, should you be unable to give consent at the time, you give consent now for any medical procedures deemed necessary by a physician.

By my signature below, I attest that I have read and understood the risks associated with participation in CERT activities. I accept all risk related to my participation in the program, and absolve the MCC CERT program, Monroe Community College, and the County of Monroe from any liability thereto.

Signature: _____

Name (Please Print): _____ Date: _____

