

GREENE COUNTY CERT VOLUNTEER APPLICATION

Please fill out completely. If the section does not apply, please write "N.A."

Name _____
Address _____ Apt. _____
City _____ State _____ Zip _____
Home Phone (____) _____ Cell(____) _____ Work(____) _____
Home E-Mail Address _____

Please Print Clearly

Emergency contact _____ Relationship _____ Phone (____) _____
Social Security _____ DL # _____ State _____ Date of birth ____/____/____
Military service branch _____ Rank _____
Education level: ____Some high school ____HS diploma ____College degree/major _____
Occupation _____ Employer: _____
Employer Address _____ Phone: (____) _____
Work E-mail _____

Please Print Clearly

References: Please give three references that are not related to you.

Name _____ Phone (____) _____
Name _____ Phone (____) _____
Name _____ Phone (____) _____

Have you ever been convicted of a felony? ____yes ____no

Have you used or sold illegal drugs or narcotics in the last three years? ____yes ____no

I verify that the above information is accurate to the best of my knowledge. I give the Springfield-Greene County Office of Emergency Management (OEM) permission to inquire into my educational background, references, licenses, police records, and employment and/or volunteer history. I also give permission to the holder of any such information to release it to OEM.

I hold OEM harmless of any liability, criminal or civil, that may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to the above-named agency. I understand that this agency will use this information only as part of its verification of my volunteer application.

I understand this work may entail a risk of physical injury and may involve hard physical labor, heavy lifting and other strenuous activity. I certify that I am able to perform this type of work, and engage in this project at my own risk.

I also understand I may be privy to confidential information and promise to respect and maintain all that confidentiality. By my signature for myself, my estate and my heirs I release, discharge and indemnify the County of Greene, the State of Missouri, the United States of America, and other organizations and entities engaged in the disaster relief of Greene County, MO.

Signed _____ Date ____/____/____

SKILLS & INTERESTS

Skills:

Law Enforcement First Aid (current card Y/N) CPR (current card Y/N)
 Fire Fighting Survival training and techniques EMS
 Mechanical Ability Structural engineering Licensed Daycare
 Emergency planning Shelter management Chainsaw Operator
 Amateur Radio operator (call sign) _____
 Bi/Multi-lingual (what language) _____ Beginner Intermediate Proficient
 Other _____

Type of volunteer work you are interested in doing (mark all that apply)

Phone bank Search & Rescue Medical
 Documentation Communications Team Leader
 Training Security Safety
 Shelter Management Well-being Checks Damage Assessment
 Community Involvement (i.e.: benefit walks, stream team, garage sale, litter collection)
 Other _____

Availability:

Days:

Monday – Friday Saturdays Weekends

Hours:

12:00 a.m. - 6:00 a.m. 6:00 a.m. - 12:00 p.m. 12:00 p.m. - 6:00 p.m.

Any days or times Other _____

Do you have a vehicle that you can use for volunteer work? Yes No

If yes: Car Truck Van

How did you hear about our agency or volunteer opportunity? _____

Volunteer experience, beginning with the most recent (include position, organization, and dates)

Please list any special needs required to perform assigned duties.

GREENE COUNTY CERT VOLUNTEER AGREEMENT

OEM agrees to accept the services of _____ beginning _____, 20__ and grants this volunteer the following rights:

- To receive sufficient information, orientation and training for continuing competence in your position;
- To be given meaningful work which utilizes and develops your interests, skills and capabilities;
- To give adequate supervision, written job description (within two months of your assignment) and a suitable place to work;
- To be free to discuss problems, suggestions, or changes with staff regarding ways in which we might better accomplish our respective tasks;
- To be kept informed about program activities and calendar changes;
- And to receive respect, appreciation and recognition for a job well done.

The Volunteer, _____, agrees to accept service in the Greene County CERT program and agrees:

To abide by my commitment of one year of service and minimum or scheduled number of hours per month;

- To log in and out of each shift in the log book;
- To be punctual and reliable; to contact my supervisor if unable to work as scheduled; to stay for the entire length of my assigned shift;
- To perform volunteer duties courteously and in good spirit and to the best of my ability;
- To maintain professional standards in dress, speech and safe practices, and strive to maintain a smooth working relationship within the Greene County;
- To seek guidance and request clarification when in doubt;
- To adhere to Greene County employment policies and procedures and to cooperate with my team leader;
- To check for critical and timely information and updates in my folder or on the message board;
- To maintain confidentiality of information learned while volunteering with the Greene County;
- To inform my supervisor of any event or situation that is out of the ordinary;
- To return Greene County identification and issued items when leaving the program.

I hereby acknowledge that I have read and fully understand the terms and conditions of the Volunteer Agreement and that I agree to comply with same. I further acknowledge that I have had the opportunity to get any and all of my questions regarding this agreement answered to my satisfaction.

I do hereby solemnly swear (or affirm) that I support and defend the Constitution of the United States and the Constitution of the State of Missouri against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and of Missouri: that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will and faithfully discharge the duties upon which I am about to enter.

Volunteer's Signature _____ Date _____

Authorized By: _____
Director: Office of Emergency Management Director: Greene County CERT

COMMUNITY EMERGENCY RESPONSE TEAM
PACK ASSIGNMENT/ ACKNOWLEDGEMENT

I, _____, am attending the Community Emergency Response Team Training in order to become a CERT Team Member. I understand that this is a voluntary program and in no way am I bound to participate in it.

However, I understand that by taking this training and becoming a member, there is an inherent responsibility and commitment to the program.

I acknowledge that I have received a CERT Response Bag to aid me as a CERT Team Member.

Should I decide at a later date that I no longer wish to remain active & participate in the program or upon termination, I will return the bag and its contents to:

Greene County Office of Emergency Management
ATTN: CERT Director
833 N. Boonville Avenue
Springfield, MO 65802

Signature of CERT member

Date

Signature of CERT Instructor

Date

BAG/PACK Number: _____

INFORMED CONSENT, WAIVER AND RELEASE OF LIABILITY AGREEMENT

SPRINGFIELD-GREENE COUNTY OFFICE OF EMERGENCY MANAGEMENT VOLUNTEER PROGRAM

The undersigned, being at least eighteen years of age, and in consideration for acceptance, approval and participation in the Springfield-Greene County Office of Emergency Management Volunteer Program, does hereby agree to this consent, waiver, and release of liability.

It is my desire to further the work of Springfield-Greene County Office of Emergency Management by performing services as a Volunteer, specifically as a Volunteer in Emergency Disaster Services. I undertake to perform said services as a Volunteer without compensation and that, in performing said services, I acknowledge that I am not acting as an employee of the Springfield-Greene County Office of Emergency Management, Greene County, Missouri or the City of Springfield, Missouri.

Acknowledgment and Assumption of Risk

I recognize that the Volunteer Program will involve physical labor and may carry a risk of personal injury. I further recognize that there are natural and manmade hazards, environmental conditions, diseases, and other risks, which in combination with my actions can cause injury to me. I hereby agree to assume all risks which may be associated with or may result from my participation in the Program, including, but not limited to, transportation to and from volunteer sites, extinguishing small fires, providing disaster medical care (e.g. controlling bleeding, treating shock, treating sprains and fractures, opening airways, transporting patients, etc.), performing light search and rescue activities (e.g. cribbing and leveraging, victim extrication, transportation, etc.), and other similar activities.

I recognize that these Volunteer Program activities will involve physical activity and may cause physical and emotional discomfort. I state that I am free from any known heart or other health problems that could prevent me from participating in any of the activities associated with this Program. I further state that I am sufficiently physically fit to participate in the activities of this Program. I accept the responsibility to refuse any work assignment that I feel would jeopardize my health, believe to be illegal, or feel that I am not qualified to perform.

Insurance

I also understand that The Springfield-Greene County Office of Emergency Management does not assume any responsibility or obligation to provide financial or other assistance, including, but not limited to medical, health, workers compensation, or disability insurance, in the event of injury, illness, death or property damage.

The Springfield-Greene County Office of Emergency Management does not carry or maintain, and expressly disclaims responsibility for providing any health, medical, workers compensation, or disability insurance coverage for the Volunteer Program. EACH PARTICIPANT IS EXPECTED AND ENCOURAGED TO CARRY PERSONAL LIABILITY OR HEALTH INSURANCE PRIOR TO REGISTERING AS A PARTICIPANT IN THE VOLUNTEER PROGRAM.

- I certify that I have medical insurance to cover the cost of any emergency or other medical care that I may receive for an illness or injury.
- I certify that if I do not have medical insurance, I will be personally responsible for the cost of any emergency or other medical care that I receive while participating in the Program or as a result of it.

Waiver and Release of Liability

I agree to release the Springfield-Greene County Office of Emergency Management, Greene County, Missouri, the City of Springfield, their respective agencies, departments, officers, employees, agents, and all sponsors and/or officials and staff of any said entity or person, their representatives, agents, affiliates, directors, servants, volunteers, and employees (hereinafter referred to collectively as "Parties Released") from the cost of any medical care that I receive while participating in this Program or as a result of it.

I further agree to waive, release, and discharge the Parties Released from any and all liability, claims, demands, actions, and causes of actions whatsoever, for any loss, claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me or my property arising out of any and all activities associated with participating in this Program or as a result of it.

I further agree to hold harmless, and hereby release the above mentioned Parties Released from all liability, negligence or breach of warranty associated with injuries or damages claimed by me, my family, estate, heirs, or assigns from or in any way connected with participating in this Volunteer Program.

Consent

In the event of injury while participating in any and all activities associated with the Program, I consent to receive any emergency medical aid, anesthesia, and/or medical treatment or operation if, in the opinion of the attending physician, such treatment is necessary.

I, the undersigned participant, affirm that I am at least 18 years of age and am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to me regarding any losses I may sustain as a result of my participation. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THE FOREGOING LANGUAGE AND I SPECIFICALLY INTEND IT TO COVER MY PARTICIPATION IN THE VOLUNTEER PROGRAM SPONSORED BY THE SPRINGFIELD-GREENE COUNTY OFFICE OF EMERGENCY MANAGEMENT.

NAME: _____
Please Print Name

SIGNATURE: _____ DATE: _____