

**Northwest Tarrant
Community Emergency Response Team (CERT)
Membership Application**



Remit to:
Lake Worth/Saginaw Office of Emergency Management
Northwest Tarrant CERT Program
700 W. McLeroy Blvd
Saginaw, TX 76179

Name: _____
 Last First MI

Address: _____

City/State/Zip: _____

Work Address:

Are you currently employed: _____

Employer: _____

Description of work performed: _____

Home Phone: _____ Work Phone: _____

Cell: _____

Alternate method of communication? (i.e., fax, email):

Driver's License Number: _____

State of Issuance: _____

Are you a United States resident: _____

Date of Birth (Must be 18+): _____

Please list any physical, medical, or psychological conditions that could affect your ability to participate in any of the activities of this program:

Personal References:

Name	Email	Phone	Relationship

CERT Basic Training

Completion Date: _____ Location: _____

Sponsoring Organization: _____

INTENT/AUTHORIZATION TO OBTAIN BACKGROUND REPORT FOR CERT VOLUNTEERING

NOTICE

The Cities of Lake Worth and Saginaw conduct applicant screening and criminal background efforts that include an investigative report and may include inquiries into an applicant’s character, general reputation, personal characteristics, and mode of living. The report may involve personal interviews with employers and educational institutions. Additionally, a criminal and civil records history, driver history, educational verification, and work history may be ordered. A volunteer has the right to request a complete and accurate disclosure of the nature and scope of the investigative report requested. Your request must be made in writing within a reasonable amount of time from the receipt of this notice. You also may have additional rights according to state and local laws.

AUTHORIZATION

I hereby certify that I have been informed as to the duties of the public service volunteer position for which I am applying. Furthermore, I certify that the information I have provided to the Cities of Lake Worth and Saginaw is accurate and complete, to the best of my knowledge. I understand that falsification, misrepresentation, or omission of any material or information I have supplied may be used to disqualify me from CERT membership. I understand that the Cities of Lake Worth and Saginaw will verify the information given on applications, and I authorize it to do so. I also authorize the City of Saginaw and/or its agents, to make inquiries it considers appropriate in order to obtain this verification. I authorize any individuals and/or agencies contracted by the Cities of Lake Worth and Saginaw or its agents to furnish all necessary information that may be requested, including consumer credit and/or investigative consumer reports.

I RELEASE THE CITIES OF SAGINAW AND LAKE WORTH, ITS AGENTS, AND ANY PERSON OR INSTITUTION THAT PROVIDES THE CITIES OF LAKE WORTH AND SAGINAW WITH INFORMATION PERTAINING TO THIS APPLICATION, FROM ANY AND ALL LIABILITY FOR ADVERSE ACTION OR DAMAGE THAT MAY RESULT FROM THE INVESTIGATION, DISCLOSURE, OR USE OF SUCH INFORMATION.

This authorization shall remain in effect during the course of participation in CERT and may be used in connection with future decisions concerning my involvement in CERT.

I have read and understood the above notice and I hereby authorize the obtaining and disclosure of such information.

Applicant's Printed Name: _____ DOB: _____

Applicant's Signature: _____ Date: _____

NOTE: AN ARREST MAY NOT AUTOMATICALLY PROHIBIT ACCEPTANCE INTO A VOLUNTEER POSITION.

Arrest Information

Have you ever been arrested, charged, or convicted of a felony or misdemeanor, including court-martial and military charges? (Omit traffic violations).

Yes ____ No ____ If yes, complete the following.

Crime Charged	City & State	Date	Disposition of Case

If conviction, what was the nature of your offense(s)?

Date of conviction(s) _____

Are you on Probation/Parole? Yes ____ No ____

Current status of conviction(s) _____

Have you ever been incarcerated in a correctional/detention facility?

1. If yes, give facility name and location. _____
2. Date and length of incarceration. _____
3. Date of release and current status. _____

Signatures

I understand that by volunteering with the CERT organization I will learn certain basic skills that are intended to help me render assistance to others only when I deem it safe and necessary for me to do so. I am under no obligation, by virtue of having received this training, to render aid or become involved in any

activities that would make me feel uncomfortable or have the potential to cause me physical or emotional injury.

I recognize the fact that I will receive a "Certificate of Completion" only upon attending all sessions of this course and completing the final exam and exercise. I understand that any and all equipment issued to me by the Emergency Management Department is property of the Cities of Saginaw and Lake Worth I am expected to return it in good condition if I leave the program or area.

By this signature I affirm that I understand that when acting as a CERT volunteer I may only:

1. Act in the scope of my official duties, and
2. Act in furtherance of a public purpose.

I understand that my deviation from the above may result in personal liability. I have also read and agreed to sign the attached Informed Consent form.

Signature

Printed Name

INFORMED CONSENT, WAIVER, AND RELEASE AGREEMENT

FOR THE NORTHWEST TARRANT COMMUNITY EMERGENCY RESPONSE TEAM

The undersigned, being at least eighteen years of age, and in consideration for acceptance, approval and participation in the Community Emergency Response Team (CERT) Program, sponsored by the cities of Lake Worth and Saginaw, home rule municipalities organized under the laws of the State of Texas, do hereby agree to this waiver and release. I recognize that the Community Emergency Response Team (CERT) 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 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 serious 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 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.

Lake Worth/Saginaw, their 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 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 RELEASE THE CITIES OF LAKE WORTH AND SAGINAW, THEIR AGENCIES, DEPARTMENTS, OFFICERS, EMPLOYEES, AGENTS, (ENTITY AND PERSONS AS APPROPRIATE), AND ALL SPONSORS AND/OR OFFICIALS AND STAFF OF ANY SAID ENTITY OR PERSON, THEIR REPRESENTATIVES, AGENTS, AFFILIATES, DIRECTORS, SERVANTS, VOLUNTEERS AND EMPLOYEES 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 ARISING OUT OF ANY AND ALL ACTIVITIES ASSOCIATED WITH THE AFOREMENTIONED ACTIVITIES.

I FURTHER AGREE TO HOLD HARMLESS, AND HEREBY RELEASE THE ABOVE-MENTIONED ENTITIES AND PERSONS FROM ALL LIABILITY, NEGLIGENCE, OR BREACH OF WARRANTY ASSOCIATED WITH INJURIES OR DAMAGES FROM ANY CLAIM BY ME, MY FAMILY, ESTATE, HEIRS, OR ASSIGNS FROM OR IN ANY WAY CONNECTED WITH THE AFOREMENTIONED ACTIVITIES.

CONSENT

Consent is expressly given, in the event of injury, for any emergency medical aid, anesthesia, and/or operation, if in the opinion of the attending physician, such treatment is necessary.

I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THE FOREGOING LANGUAGE AND I SPECIFICALLY INTEND IT TO COVER ANY PARTICIPATION IN THE COMMUNITY EMERGENCY RESPONSE TEAM PROGRAM SPONSORED BY THE CITIES OF LAKE WORTH AND SAGINAW, TEXAS.

Name: _____ Signature: _____ Date: _____

Witness: _____ Witness Signature _____

**DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)**

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRJ), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRJ obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

Date

City of Saginaw

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Revised 1/18/24

Date

Please: Check and Initial each Applicable Space			
CCH Report Printed:			
YES	NO	_____	initial
Purpose of CCH: _____			
Empl	Vol/Contractor	_____	initial
Date Printed: _____			initial
Destroyed Date: _____			initial
Retain in your files			

Attach a copy of both sides of your driver's licenses

Front of DL

Back of DL